

## Psychology Internship Program



### South Texas Veterans Health Care System (STVHCS)

Attn: Dr. Allyson Ruha, Director, Psychology Internship Training  
7400 Merton Minter (116B)  
San Antonio, TX 78229

**210-617-5121**

<http://www.southtexas.va.gov/psychology/>

(158711) General Psychology  
(158712) Geropsychology  
(158713) Primary Care/Health Psychology  
(158714) Trauma Psychology  
(158715) Neuropsychology  
(158716) Severe Mental Illness  
(158717) Rural Mental Health

**Applications due: November 1**

## Audie Murphy VA Hospital



### ***Accreditation Status***

The psychology internship program at the **South Texas Veterans Health Care System (STVHCS)** is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). The APA CoA can be reached at: 750 First Street NE, Washington, DC 20002-4242; Telephone: 800-

374-2721; 202-336-5979; TDD/TTY: 202-336-6123. The program received re-accreditation for **10 years**, with the next site visit expected in **2027**.

### ***APPIC Member Status***

The psychology internship program is an APPIC member program. Contact APPIC Central Office at 17225 El Camino Real, Suite #170, Houston TX 77058, email at [appic@appic.org](mailto:appic@appic.org), Phone: 832-284-4080 Fax: 832-284-4079.

***COVID-19 Response and Adaptations*** In response to the COVID-19 pandemic, the STVHCS Training Program, along with the tremendous support of our medical center leadership, successfully transitioned all Psychology Trainees to full-time teleworking beginning March 23, 2020. Most training activities have been maintained without significant disruption. Specifically, training activities will continue, with trainees seeing Veterans via telehealth for individual therapy, group treatment, and assessment, attending and participating in didactics and supervision via virtual media technologies, and benefiting from live, direct observation of clinical care by supervising psychologists. The health and safety of our Psychology Trainees, along with the competent care of our nation's veterans, is of utmost importance to us. We will continue to provide high quality training in professional psychology while simultaneously keeping our trainees' health and wellness at the forefront.

### ***Application & Selection Procedures***

#### **Eligibility for All Programs**

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

#### **Additional Eligibility Criteria for Internship**

1. Internship applicants also must meet these criteria to be considered for any VA Psychology Internship Program: Doctoral student in good standing at an APA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for re-specialization training in Clinical or Counseling Psychology are also eligible.
2. Approved for internship status by graduate program training director. The VA Office of Academic Affiliations requires Directors of Clinical Training complete a TQCVL form prior to start of Internship. [https://www.va.gov/OAA/TQCVL/TQCVL\\_Guide2018FINAL.pdf](https://www.va.gov/OAA/TQCVL/TQCVL_Guide2018FINAL.pdf)

#### **Eligibility for VA Employment**

To be eligible for employment as a VA Psychologist, a person must be a U.S. citizen and must have completed an APA-accredited graduate program in Clinical or Counseling psychology AND must have completed an APA-accredited internship in Psychology, with the emphasis area of the degree consistent

with the assignment for which the applicant is to be employed. The only exception is for those who complete a new VA internship that is not yet accredited.

### **South Texas Veterans Health Care System Policy on Discrimination**

Equal opportunity in employment will be provided for all qualified persons. Consistent with the basic principles and policies governing personnel administration, all personnel actions and employment practices are based solely on merit and fitness without regard to race, color, religion, sex, national origin, age, physical or mental disability, reprisal, and sexual orientation.

Our internship program does not discriminate against and will provide reasonable accommodation for qualified individuals with disabilities when such an adjustment or change is requested and needed at work for a reason related to a medical condition. Requests for accommodation do not need to be made during the application process. However, if accommodations are needed, requests should be submitted as soon as possible after selection to enable the program to make necessary arrangements.

## **Internship Admissions, Support, and Initial Placement Data**

**Date Program Tables were updated: 5/27/20**

### **Internship Program Admissions**

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:**

Applicants with strong academic preparation, demonstrated research with ethnic minority and/or Veteran populations, and who are making good progress on their dissertation are desired. A substantial amount and variety of previous supervised experience with adults in public sector medical centers is also desirable. Although we require a minimum of 1000 practicum hours, excessive practicum experience is not necessarily helpful, particularly if it impedes a student's progress on important academic activities.

Application ratings are based on the applicant's academic work and accomplishments, breadth and quality of previous clinical training, solid foundation in intervention (e.g. individuals, groups, evidence based therapies) and psychological assessment, demonstration of scholarly potential through peer-reviewed publications and/or national conference presentations, match between the training program and the applicant's goals and needs, and letters of recommendation. Personal qualities sought include maturity, self-awareness, and outstanding interpersonal skills.

STVHCS serves a large Latino/a Veteran population. We especially encourage applications from applicants with knowledge and experience with cultural and ethnic diversity issues and Spanish-language fluency.

The Psychology Training Program is committed to ensuring diversity among our trainees. We select candidates representing different ethnic/racial backgrounds, sexual orientation, disabilities, geographic locations, and life experiences.

**Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:**

	<b>N</b>	<b>Y</b>	<b>Amount</b>
Total Direct Contact Intervention Hours:	N		
Total Direct Contact Assessment Hours:	N		
Total Practicum Hours including Intervention, Assessment, Supervision, and Support:		Y	1000 hours

<b>Describe any other required minimum criteria used to screen applicants:</b>		
Dissertation must be successfully proposed at time of application.		

### Financial and Other Benefit Support for Upcoming Training Year\*

Annual Stipend/Salary for Full-time Interns?	\$26,325	
Annual Stipend/Salary for Half-time Interns?	N/A	
Program provides access to medical insurance for intern?	Yes	
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off	4 hours every 2 weeks	
Hours of Annual Paid Sick Leave Off	4 hours every 2 weeks	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes, determined on case by case basis	
Other Benefits (please describe): 10 federal holidays; Interns receive generous paid leave for conferences, dissertation defense, interviews for postdoctoral appointment within the federal government, and other approved educational activities		

### Initial Post-Internship Positions (Aggregate for the preceding 3 cohorts) 2017-2018, 2018-2019, and 2019-2020

Total # of Interns in last 3 cohorts	20	
Total # of Interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
Initial Post-Internship Positions:	Postdoctoral Fellowship	Employed Position
Veterans Affairs Medical Center	14	
Military Health Center		
Community Mental Health Center		
Federally Qualified Health Center		
Independent Primary Care Facility/Clinic		
University Counseling Center		
Academic Health Center		
Other Medical Center or Hospital		
Psychiatric Hospital		
Academic University/Hospital	3	
Psychiatric Hospital		
Community College or other Teaching Setting	1	
Independent Research Institution		
Correctional Facility		
School District/System		
Independent Practice Setting	1	1
Note Currently Employed		
Changed to Another Field		
Other		
Unknown		

## **APPLICATION MATERIALS**

Students interested in applying must submit the following through the APPIC Application for Psychology Internship (AAPI) online system:

1. A required cover letter stating which internship area(s) you are applying to.
2. Online AAPI
3. A current vita
4. Three letters of recommendation
5. Original (official) transcripts of all graduate work

## **APPLICATION STEPS**

1. Complete the online AAPI, which is available on APPIC's website.
2. Submit all materials by November 1, 2020.
3. Note: No paperwork needs to be submitted to us; use the AAPI application online system. The letters of recommendation are sent through the online AAPI, which has blank sections for these other materials to be submitted.
4. Applications will be reviewed and applicants no longer under active consideration for interviews will be notified by e-mail by December 1, 2020.
5. Interviews are scheduled for interns under active consideration in early December and January.
6. Applicants matched with this internship program will be notified of acceptance by APPIC on Match Notification Day.

Applicants should feel free to contact the Training Director by e-mail at [allyson.ruha@va.gov](mailto:allyson.ruha@va.gov) with any questions regarding the application process.

As a member of the Association of Psychology Postdoctoral and Predoctoral Internship Centers (APPIC), our program follows all APPIC policies regarding the intern selection process. This internship site strictly abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any applicant. You are encouraged to read or download the complete text of their regulations governing program membership and the match process from the APPIC website.

## **INTERNSHIP MATCH ID NUMBERS**

- (158711) General Psychology
- (158712) Geropsychology
- (158713) Primary Care/Health Psychology
- (158714) Trauma Psychology
- (158715) Neuropsychology
- (158716) Severe Mental Illness
- (158717) Rural Mental Health

## **Selection**

Completed applications are initially reviewed and ranked by the Training Director in consultation with the Training Committee. Competitive candidates are invited to interview. Interviewers rate the quality of applicants on their academic preparation, letters of recommendation, assessment experience, therapy experience, commitment to individual and cultural diversity, research productivity, goodness of fit, and interview impressions. These ratings are averaged and used to produce rough rank-ordered lists. The final rank-ordered list for each position is reached by consensus by the Training Committee, with adjustments being made for goodness of fit to our site, demonstrated clinical and research work with culturally diverse populations, and dedication to Veteran care. Our rank-ordered lists are then submitted to APPIC for the national match.

Intern applicants selected for a special focus/emphasis area are informed that, if they are satisfactorily progressing in the internship and with their dissertation research, then they will most likely be offered positions in our corresponding emphasis area clinical fellowship program for the following year. These include Geropsychology, Primary Care/Behavioral Health, Rural Mental Health, Serious Mental Illness to

Psychosocial Rehabilitation for Serious Mental Illness, and Trauma. Interns may decline our offer, without consequence, if they do not wish to extend their training with us. Our Training Committee has adopted this policy to reduce the high costs of redundant application-interview procedures and to attract qualified postdoctoral fellows who are familiar with our VA Medical Center and are immediately ready to begin advanced training in meeting the psychological service needs of Veterans. If any internal applicants (current interns) are not selected, then the remaining postdoctoral fellowship positions are announced for open recruitment.

Appointment is also contingent upon successfully passing standard federal employment screening (e.g., security background check, passing employment physical, electronic fingerprinting, etc.). Any misrepresentation of facts in the application may be cause for dismissal. Prior to starting, residents are required to have immunizations (or proof of immunity) for measles, mumps, rubella, and varicella. Finally, it is important to note that a CERTIFICATION OF REGISTRATION STATUS or CERTIFICATION OF U.S. CITIZENSHIP is required to become a VA intern. The Federal Government requires that male applicants who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed by the VA. It is not necessary to submit this form with the application, but if you are selected for this internship and fit the above criteria, you will have to sign it. The VA conducts drug screening exams on randomly selected personnel as well as new employees.

*\* Applicants requiring accommodation due to disability are asked to request such assistance at the time they receive notification of matching.*

### **Interviews**

Applicants can schedule interviews only after their application is complete and approved by the Training Director. Typically, about 70 applicants are invited for interviews (10 for each focus/emphasis area). Interns under active consideration are notified by e-mail or phone by December 2nd so that they can schedule interviews. Due to pandemic related safety concerns and precautions, all interviews will be conducted VIRTUALLY. Interviews will be scheduled in early December and January.

Interviews are typically 8am to 1pm and include a program overview, meetings with the Training Director, two other supervisors/faculty training staff, a Psychology Fellow, and a Q&A meeting with current interns.

### **Couples**

We are happy to consider applications from couples. The APPIC computer match system is capable of accommodating couples who wish to intern in the same geographic area. There are other APA-accredited programs within commuting distance of our program please review them on the APPIC website.



### **Class of 2019-2020**

From left: Olga Galli, Laurie Russell, Jasmonae Blodgett, Bonnie Scott, Christina Thai, Mercedes Gremillion  
Immersion Experience: Dia Day Los Muertos, Downtown San Antonio



### **Class of 2018-2019**

Top: Julia Lopez, Mary Dozier, Ryan Andresen, Patrick Smith

Bottom: Dr. Allyson Ruha (TD), Christine Breazeale, Chrystal Fullen, Rebecca Shorter, Beverly James (Academic Program Coordinator)



**Class of 2018-2019 at the VA Psychology Leadership Conference in May 2019**

Dr. Allyson Ruha (TD), Patrick Smith, Ryan Andresen, Julia Lopez, Christine Breazeale, Chrystal Fullen, Rebecca Shorter



**Class of 2018-2019 at the VAPLC Trainee Dinner with APA President in May 2019**

Patrick Smith, Chrystal Fullen, Julia Lopez, Dr. Rosie Phillips Davis, Christine Breazeale, Rebecca Shorter





### **Class of 2017-2018**

Top: Ashlee Martinez, Daniel Steinberg, Jared Roush, Beverly James (Academic Program Coordinator)  
Bottom: Dr. Ruha (TD), Natalie Rochester, Jamie Rislin, Whitney Stubbs



### **Important Dates**

**November 1, 2020:** Deadline for applications at STVHCS. Applicants selected for interviews are notified soon thereafter

**December 7-11, 2020:** December Interview dates

**Jan 5-8 and 13-15, 2021:** January Interview dates

**February 5, 2021:** Deadline for submitting rank-order to APPIC. All lists must be finalized and certified by 11:59pm Eastern Standard Time on this date.

**February 19, 2021:** Match Day! APPIC Phase I Match Day: Results of the Match will be released to applicants and training directors.

**March 15, 2021:** Deadline for submission and certification of Rank Order lists for Phase II of the Match. All lists must be finalized and certified by 11:59pm Eastern Standard Time on this date.

**March 22, 2021:** APPIC Phase II Match Day: Results of the Match will be released to applicants and Training Directors.

**July 5, 2021:** STVHCS Internship Program starts

### **Contact Information**

For any questions regarding our Internship Training Program:

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Clinical Internship Training Director  
Psychology Service (116B)  
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Contacting the American Psychological Association (APA):  
Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street NE  
Washington, DC 20002-4242  
Phone: 202-336-5979  
Website: [www.apa.org](http://www.apa.org)

## ***Psychology Doctoral Internship Training Program***

The doctoral internship at South Texas Veterans Health Care System (STVHCS) is designed to provide exemplary training for applicants who desire careers in public-sector clinical psychology. The emphasis is to train interns to provide quality care in medical care settings, especially to Veterans of the United States military. Our philosophy is that all practicing psychologists should have a solid foundation in general clinical psychology, and therefore the doctoral internship is first and foremost a well-rounded year of training in general clinical psychology. All interns are expected to obtain general training in a variety of assessments and interventions with a variety of patient populations.

For interns who have specialty career interests, we offer special emphasis/focus areas in primary care/mental health integration, neuropsychology, geropsychology, trauma psychology, serious mental illness, and rural psychology, in addition to our general clinical psychology position. The **Primary Care/Mental Health Integration** emphasis is designed for applicants interested in pursuing a career in treating Veterans with psychological disorders in primary medical care settings, and in treating Veterans who need assistance with different kinds of health problems. The **Neuropsychology** emphasis is designed for applicants interested in pursuing a two-year postdoctoral fellowship in Neuropsychology followed by a career in neuropsychological assessment and treatment. The **Geropsychology** emphasis is designed for applicants interested in pursuing a career working with the elderly, and provides an introduction to general geriatric issues, including gero-neuropsychology, and may include palliative care and end-of-life issues. The **Trauma Psychology** emphasis focuses on treating Veterans with post-traumatic stress disorder resulting from combat and other traumas. Interns with these specialty interests are required to take one specialty rotation that prepares them for more advanced training in their specialty

areas. The **Serious Mental Illness** emphasis aims to train applicants interested in pursuing a career in psychosocial rehabilitation and recovery services and evidence based treatments for Veterans with serious mental illness. The **Rural Mental Health** emphasis intern is housed primarily at the Kerrville VA Medical Center with a focus on evidence based care and treatment services, including tele-mental health, provided to a rural population.

It is anticipated that interns in good standing in the various emphasis areas will continue on into our postdoctoral fellowship program; the Primary Care/Health Psychology intern entering into the Primary Care/Health Psychology postdoctoral fellowship, the Geropsychology intern entering into the Geropsychology postdoctoral fellowship, and the Trauma Psychology Intern entering the Trauma Psychology postdoctoral fellowship; the Serious Mental Illness intern entering into the Psychosocial Rehabilitation postdoctoral fellowship; and our Rural Mental Health intern entering the Rural Mental Health postdoctoral fellowship. We also offer a two-year postdoctoral fellowship in neuropsychology, and applicants for that position are recruited nationally. We also offer postdoctoral fellowships in Substance Use Disorders/ Homelessness, Health Psychology, Palliative Care, Couple and an additional Rural Mental Health position. All postdoctoral fellows will receive some training in areas beyond their own specialty, as the program is a general clinical fellowship.

## **Vision & Mission**

The **vision** of the psychology training program at the STVHCS is a recognized leader in the nation in the training of psychologists for public service. The doctoral Internship at the South Texas Veterans Health Care System (STVHCS) is designed to provide exemplary training for applicants who desire careers in public-sector clinical psychology. The emphasis is to train Interns to provide quality care in medical care settings, especially to Veterans of the United States military.

Our philosophy is that all practicing psychologists have a solid foundation in general clinical psychology, and therefore the doctoral internship is first and foremost a well-rounded year of training in general clinical psychology. All interns obtain general training in a variety of assessments and interventions with a variety of Veteran patient populations.

The STVHCS Psychology Internship Program promotes the **scientist practitioner model** of training whereby Interns are expected to integrate and add to the scientific psychological literature in the context of their clinical practice. Interns are expected to integrate scientific literature into their clinical work, consultation with interdisciplinary teams, and teaching/presentations. The primary goal of the program is to train Interns who will become licensed psychologists, well prepared to assume positions in the VA, public sector medical centers and/or other health care settings. By the end of the training year, Interns will be able to administer, interpret, and report the results of psycho-diagnostic consultations, to conduct a variety of evidence based psychological interventions (including individual and group psychotherapy), and to demonstrate a working knowledge of a variety of psychological approaches to assessment and treatment. Interns will learn to function as professional psychologists working together with other disciplines in a large medical center. Interns completing the program will be fully-prepared for further postdoctoral training or entry-level professional positions treating, teaching, and researching adult patient populations with a variety of geriatric, psychiatric, neurological, and chronic medical conditions. A listing of the goals and core competencies of the internship are outlined in the coming pages.

The **mission** of the Internship program identified clearly supports and is supported by the mission of the STVHCS and the VHA, which is to improve the health and quality of life of our patient community by providing appropriate, compassionate, and quality care, to conduct education and research activities, and to support the Department of Defense. Additionally, it supports the overall mission of the VA which is to improve the health of the Veteran population by providing primary care, specialty care, extended care, and related support services in an integrated health care delivery system. The VA is also legislatively mandated to assist in the training of physicians and associated health professionals for its own system and for the nation. The STVHCS is a tertiary care, affiliated health care system providing primary and

specialty care to patients in psychiatric, general medicine and surgery, extended care, and rehabilitation inpatient and outpatient programs which serve young, middle-aged, and older adult male and female Veterans.

Our Interns and training staff are all involved in the direct and indirect care of Veterans and work collaboratively to support the overall mission to provide quality health care to our nation's heroes. The Internship program plays an integral role in the delivery of specialty care through the provision of mental health services to veterans in individual therapy, group therapy, and in psychological assessments, and also serves in the critical role of providing consultation services to all providers. Additionally, the internship program has provided these services within primary care and extended care services to expand the integrated health care services needed to serve our Veterans, with Interns serving in primary care-mental health integration, spinal cord injury, polytrauma, geriatric clinics, and inpatient consultation clinics throughout the hospital. Interns also assist with educating our fellow colleagues through presentations on mental health topics in our seminar series and also may assist with research activities conducted at the hospital, if this is a part of their training plan.

### **CORE VALUES OF THE PSYCHOLOGY TRAINING PROGRAM**

The psychology training program at STVHCS is guided by the following core values in support of excellence in patient care and training. We believe that quality psychology training should be:

1. Patient-Focused: The training of psychologists enhances patient care and is best conducted in an environment respectful of training with the leadership and involvement of STVHCS professional psychology community.
2. Interprofessional: The value of interprofessional collaboration is respected, acknowledged, and utilized in all psychology activities. Trainees should work and learn with trainees and practitioners from Medicine, Social Work, Psychiatry, Pharmacy, Nursing, and other health care disciplines within the medical center.
3. Respectful of Diversity: Psychology training should be sensitive and responsive to the diverse cultural, ethnic, and special populations of veterans served -- including women and the elderly -- as well as to clinical conditions such as chronic mental or physical illness. Likewise, psychology training is sensitive and responsive to the diverse cultural, ethnic, gender, race, religion, age, and sexual orientation among our trainees and faculty.
4. Individualized: The training of psychologists is best supported by the use of a variety of supervised training activities designed to address the fellows' specific training needs, the diversity of clients served, and to integrate the practice and science base of psychology. Specific clinical assignments are primarily guided by the individual educational needs and goals of the fellow.
5. Accountable: The training of psychologists must meet quality of care standards of the profession of psychology to include obtaining and maintaining accreditation, providing evidence of continuous improvement in training processes, and promoting and evaluating training outcomes which incorporate concerns and needs of patients, fellows, affiliated institutions, and the VHA.
6. In Partnership with Other Professionals: Psychology training is enhanced by agreements and collegial partnerships among affiliated institutions, disciplines, and programs in the community that are sensitive and responsive to the broad goals and mission of the Psychology Service of STVHCS and the VHA.



## ***Program Competencies & Goals of the Psychology Training Program***

Our core competencies are our program's overarching goals for each trainee in our Internship program and are listed below. In 1997, the Psychology Training Committee adopted the competency requirements described in the 1997 APA Guidelines for Internship Training. Suggestions were adopted in 1998 to simplify the competency rating forms and procedures then in use. In 2015, the new Standards of Accreditation for Health Service Psychology (SoA) and revised implementing regulations were approved on January 1, 2017. The Psychology Training Committee adopted these updated competencies beginning with the Intern class of 2016-2017. The core **internship competencies** expected of Interns by the end of their training are as follows:

**1. Research:** Interns will have a clear plan for completing their dissertation research, and demonstrate a working knowledge of basic psychological research methods, key journals, scientific societies, APA style, and the application of research results to their clinical practice. Interns will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities (e.g. case conferences, grand rounds, publications) at the local (i.e. STVHCS VA), regional, or national level.

**2. Ethical and Legal Standards:** Interns will be able to explain the clinical application of APA Ethical Principles and Standards, state licensure laws, regulations, policies and procedures, and be able to integrate issues of cultural/ethnic diversity to the practice of psychology in assessment, treatment, teaching, research, supervision, consultation, and administration. Interns will be able to recognize ethical dilemmas as they arise and apply decision making processes to effectively approach and resolve the dilemmas; and they should conduct themselves in an ethical manner in all professional activities.

**3. Individual and Cultural Diversity:** Interns will be able to establish rapport with Veteran patients from a variety of culturally diverse backgrounds, demonstrate a commitment to providing culturally sensitive services, and acknowledge differences between self and patients and discuss these with patients when appropriate. Interns will maintain awareness of one's own cultural identities and worldview(s) and how these may impact delivery of clinical service with individuals different from self. Further, Interns will display an ongoing commitment to exploration of one's own cultural identity issues and relationship to clinical knowledge, awareness, and skill.

**4. Professional Values, Attitudes, and Behaviors:** Interns will display honesty, personal responsibility, and adherence to professional values, as well as professional behavior that promotes the welfare of self and others, and seeks to do no harm (i.e., beneficence and non-maleficence). Interns will be self-reflective pertaining to one's level of knowledge/skill, actively demonstrate openness and responsiveness to feedback and supervision, and seek appropriate resources to further enhance professional repertoire. As they progress in their training, Interns will respond professionally in increasingly complex situations with greater degrees of independence.

**5. Communication and Interpersonal Skills:** Interns will display appropriate interpersonal professional relationships with peers, supervisors, staff, patients, colleagues, and other communities and organizations, and maintain appropriate professional behavior(s) given the circumstances, expectations, and/or the occasion. Communication (oral, nonverbal, and written) should be effective, clear, concise, and timely. All patient-related communication is appropriately documented. Further, interns will be able to conduct effective professional presentations for psychologists and other members of the inter-professional health care community, that are well-integrated and informative.

**6. Assessment:** Interns will be able to perform psychological assessments that integrate patient history, interview, multiple sources, and a variety of psychological tests to produce DSM-5 diagnoses

and make concrete, accurate, useful recommendations. The intern will be able to effectively communicate assessment results in a written report, to the patient/family/caregiver, and other members of the inter-professional treatment team. They will also be familiar with the empirical basis of the assessment procedures used and the legal, ethical, and cultural diversity issues involved in psychological assessment.

**7. Intervention:** Interns will be able to conduct effective group and individual psychological interventions for a variety of patient types and problems. Interns should be able to effectively coordinate their interventions with other members of the inter-professional teams involved in the patient's care. They will also be familiar with the empirical research on effective interventions and the legal, ethical, and diversity issues involved in psychological treatment. Psychological test feedback is considered to be a psychological intervention.

**8. Supervision:** Interns will make effective use of supervision, integrating information gained in supervision into their clinical practice. Interns will be able to explain their theory and approach for providing effective psychological supervision. Interns should incorporate ethical and legal standards, and integrate issues related to cultural/ethnic diversity within this competency. If able to provide supervision, Interns will use tiered supervision to assist with evaluating their and advancing their skills in this area.

**9. Consultation and Inter-professional/Inter-disciplinary Skills:** Interns will establish appropriate professional relationships and be courteous and respectful when interacting with colleagues from other disciplines. They will be able to effectively communicate when consulting to other professionals to clearly convey relevant psychological information in language that is appropriate to the situation and recipient. Also, interns will actively address differences/professional conflicts in an open, tactful, and effective manner.

#### **Intern-Staff Interactions:**

From the beginning of the training year, we encourage a collegial relationship between staff and interns. Interns are expected to be professionally responsible and are encouraged to accept as much autonomy as their current levels of knowledge and skills allow. All clinical work performed by interns is reviewed and supervised by licensed staff psychologists with hospital privileges. We place a high priority on involving interns in direct patient care. Supervision and didactic activities are designed to facilitate learning from direct clinical contact. Theoretical concepts, research results, and assessment and intervention techniques are given meaning by their direct application with our Veteran patients. Clinical responsibilities and caseload are assigned to interns primarily based on their training needs. Although responding to the service needs of our treatment programs is an important part of the intern's training activity, it is a secondary consideration for assignment of clinical training activities.

As psychologists-in-training soon to embark on professional careers, interns also are exposed to research, organizational, individual and cultural diversity, and professional issues in the medical center setting. Interns directly participate in decisions which affect the administration of the training program. They examine professional issues such as ethics and the law, hospital administration, and emerging managed care models in intern seminars and workshops. There are also frequent opportunities to explore the special psychological issues of the multi-cultural population served by our hospital, especially the large Latino population in our catchment area.

### **INDIVIDUALIZED TRAINING PLAN**

#### **Rotations & Assignments**

The Internship consists of three four-month rotations. **All Interns are required** to select a full-time assignment in one of the mental health programs outside their emphasis/focus area. Interns in the Geropsychology emphasis have full-time rotations in Geropsychology and Neuropsychology. Primary Care/Behavioral Health, Serious Mental Illness, and Trauma Emphasis Interns must complete the first

rotation in their emphasis area. The Neuropsychology Intern has two rotations in their focus area, in accordance with Division 40 requirements. The Neuropsychology Focus Intern typically takes the NP Consult Service rotation first, and may choose from the Polytrauma Resource Center and/or Polytrauma Transitional Residential Program for an additional required Neuropsychology rotation (splitting the two is an option). The Neuropsychology Intern is expected to be actively involved in Neuropsychology assessment and didactics through the year.

All Interns choose experiences that are consistent with their training needs and goals, and that will meet the Internship's core competency requirements. All trainees carry at least one to two psychotherapy cases throughout the year with the same supervisor, have group therapy experiences on at least two rotations, and complete at a minimum four integrated assessments/reports as part of their training.

During Intern Orientation, Interns complete a training plan with the assistance of their Preceptor which is then submitted to the Training Committee for final approval. All include desired rotations, identify the psychotherapy supervisor for the year, indicate group therapy experiences, identify assessment experiences, and note research time or brief experiences.

**Selecting Rotations and Assignments:** During Orientation, the Director of Training and Preceptors work with the Intern class in selecting assignments and supervisors. Interns select training assignments for the year during the second week of Orientation. After receiving information from training supervisors on supervisory and training options, Interns meet with their appointed Preceptors to plan their Internship year and request a schedule that meets their training needs and interests. Within the requirements described below, and subject to review and approval by the Training Committee, Interns request their training assignments and work together with their Preceptors to develop their rotation schedule for the year.

There is considerable flexibility in selecting assignments. Given the required time in didactics, therapy cases, and research, Interns are expected to have 24 hours/week available for a "full-time" rotation or 12 hours/week in a half-time (split) rotation. In general, there is space/availability on each rotation assignment for only one Intern. Training plans are reviewed by the Training Committee for final approval; this review occurs at a Training Committee meeting held during Orientation.

**Clinical Assignments (\*Note: these were the options available to the 2020-2021 class of Intern; experiences available based on supervisor/clinic availability)**

These major rotations are required and/or available for the General Mental Health Intern, and Interns with special emphasis training areas in Primary Care/Behavioral Health, Division 40 Neuropsychology, Serious Mental Illness, Trauma, and Geropsychology.

- Behavioral Health Interdisciplinary Program (BHIP)/Dialectical Behavior Therapy (DBT) at BSC
- Domiciliary Residential Rehabilitation Treatment Program (DR RTP)- Residential and Substance Use Disorders Outpatient Programs
- Geropsychology at ALM
- Home Based Primary Care
- Intensive Community Mental Health Recovery (ICMHR) at ALM
- Neuropsychology Consult Service Clinic at ALM
- Neuropsychology within Polytrauma at ALM (NP intern only)
- Primary Care Mental Health Integration at various locations
- Psychosocial Rehabilitation and Recovery Center (STARR/Stepping Stones) at ALM
- Polytrauma Resource Center (PRC) at BSC
- Polytrauma Transitional Residential Program (PTRP)- Neuropsychology
- PTSD Clinical Team at FTOPC
- Rehabilitation Psychology at PTRP/PACER
- Spinal Cord Injury (SCI) at ALM

These major rotations are available for the Intern with Special Emphasis in Rural Mental Health at Kerrville Division:

- General Outpatient Mental Health/Evidence Based Psychotherapies
- PTSD clinical experiences
- Primary Care/Mental Health Integration
- Substance Abuse Outpatient Services

### **Adjunctive/Brief Clinical Experiences**

These training clinics are available to interns who have completed their dissertation and **no longer need their 4 hours of research per week.**

- Amputee Clinic
- Local Recovery Coordinator
- Inpatient Mental Health
- Multicultural Brief Experience
- Program Administration
- Research

### **Long Term Psychotherapy Supervisors:**

- Dr. Alison Bess
- Dr. Matthew Cross
- Dr. Allison Hersh
- Dr. Victor Rico
- Dr. Richard Roberson
- Dr. Kristy Shoji (KD/Rural MH)
- Dr. Anna Smitherman

\*If there is an interest in one of the major rotations as a brief experience, this can be explored during Orientation!

### **The General Internship:**

The General Internship emphasis area has two broad objectives: to provide general training experiences which meet all APA requirements for doctoral internship training and to provide additional training experiences over a wide variety of general outpatient environments. This will allow the intern to prepare for a career or postdoctoral fellowship in an environment where they will treat a wide variety of mental health diagnoses and populations or one where they turn their general knowledge into a speciality or focused learning experience (i.e. a substance use disorders postdoctoral fellowship or job placement). The General Psychology Intern will be assigned to an outpatient location/facility during the first rotation. Subsequent rotations can vary and provide more generalist outpatient or hospital/inpatient based training. Interns will learn to provide various evidenced based psychotherapy interventions for a variety of diagnoses/problems, utilize appropriate outpatient psychological test batteries and functional assessments; and learn to function within a multi-disciplinary outpatient team.

### **The Geropsychology Emphasis Internship:**

Applicants who wish to obtain more specialized experience in geropsychology can choose to apply for our Geropsychology emphasis position. This internship program offers a rich training experience in areas of general geropsychology, neuropsychology, gero-neuropsychology, and palliative care/end-of-life. The Geropsychology Emphasis Internship has two broad objectives: to provide general training experiences which meet all APA requirements for doctoral internship training and to provide additional training experiences with an older adult Veteran patient population. Interns who select the Geropsychology internship follow a schedule which is like the General Internship in that three four-month training rotations are selected.



The Geropsychology Intern will be assigned to Geropsychology during the first rotation. Depending on availability of faculty, this may take place at the Audie L. Murphy Memorial Veterans Hospital or the Kerrville VA Medical Center. During their rotation in Geropsychology, interns may respond to consults from the Community Living Center or from the Geriatric Evaluation and Management Clinic depending on placement. Additional training opportunities that may be of particular interest to geropsychology interns include Home Based Primary Care and Spinal Cord Injury Center. Interns learn to administer geriatric-focused test batteries and functional assessments; they learn fundamental geriatric neuropsychology as well as fundamentals of capacity assessment. Interventions emphasized include treatment of older adult patients with a variety of psychological disturbances including adjustment to chronic medical conditions, depression, anxiety, and end-of-life concerns. Interns will also have opportunities to participate in interdisciplinary team meetings and provide consultation to various disciplines.

The intern will have priority to be offered the Geropsychology Postdoctoral Fellowship.

#### **Primary Care/Health Psychology Emphasis Internship:**

The internship with an emphasis in Primary Care/Health Psychology meets all APA requirements for a doctoral training experience in clinical psychology. The Primary Care/Health Psychology intern is required to take the first rotation in Primary Care Mental Health Integration (PCMHI), which is in an outpatient Primary Care clinic setting. The Primary Care/Health Psychology Intern is offered a wide variety of experiences in primary care mental health integration psychology to include individual and group psychotherapy and traditional health psychology interventions (e.g., modifying unhealthy behaviors, treating symptoms of medical disorders that are amenable to behavioral interventions, and improving adherence to medical regimen) under close supervision by primary care/health psychologist(s). The intern will learn to conduct functional assessments, brief cognitive screenings, as well as utilize Measurement Based Care in monitoring and evaluating treatment outcomes. Treatment modalities may include stress management, individual and group psychotherapy, and psycho-educational groups such as CBT for Chronic Pain, Mindfulness, and CBT for Insomnia. Primary models of treatment include CBT, ACT, and motivational interviewing modalities done within a brief, time-limited therapy model.

The Primary Care/Health Psychology Intern is trained in the behavioral health consultation model, which is a blended model of co-located collaborative care and care management. The Primary Care/Health Psychology Intern may be given the opportunity to participate in shared group medical appointments including the Vascular Risk Reduction Program and Hypertension Group. The intern will also participate actively in consultation with the PACT primary care team, including physicians, PharmDs, nurses, dietitians, and social workers, in the care of Veterans. Interns will also have the opportunity to shadow the PCMHI Clinical Pharmacy Specialist (PharmD) and observe the management of patients newly diagnosed with depression started on an antidepressant. Depending on the supervisor, there may also be an opportunity to learn Prolonged Exposure in the Primary Care setting and brief CBT for treatment of Depression.

The intern will have priority to be offered the Primary Care/Health Psychology Postdoctoral Fellowship.

#### **Trauma Psychology Emphasis Internship:**

The Trauma Psychology emphasis internship meets all APA requirements for a doctoral training experience in clinical psychology. The Trauma emphasis program trains the selected intern in the specialty area of posttraumatic stress disorder (PTSD). The Trauma intern is required to take the first rotation in the PTSD Clinical Team. The clinic serves Veterans of all ages and combat eras presenting with military-related trauma (combat trauma, military sexual trauma), as well as non-military-related trauma histories (e.g., accidents, abuse, natural disasters) and is staffed by a multidisciplinary team of providers (including psychologists, social workers, peer support counselors, and psychiatrists). Training goals include training in empirically-supported interventions such as Prolonged Exposure, Cognitive Processing Therapy, and Skills Training in Affect and Interpersonal Regulation (STAIR), as well as group therapy. The intern will conduct psycho-diagnostic evaluations for PTSD and collaborative treatment planning, enhance skills for working effectively as part of a multidisciplinary team, gain advanced skills in research and scholarly inquiry, expand on areas of professional development and identity, and develop proficiency in issues related to diversity and ethics.

Within the framework of treating Veterans suffering from post-traumatic stress, the Trauma emphasis internship offers various clinical and research experiences working with program faculty. When available, the Intern may have the opportunity (along with fellow Interns) the formal Cognitive Processing Therapy training and consultation, and attend the annual STRONG STAR PTSD Conference locally.

The intern will have priority to be offered the Trauma Postdoctoral Fellowship.

#### **Severe Mental Illness Emphasis Internship:**

The Serious Mental Illness (SMI) emphasis Internship has two broad objectives: to provide general training experiences which meet all APA requirements for doctoral internship training and to provide additional training experiences in the specialty area of treating individuals with Serious Mental Illness (i.e. Schizophrenia/Psychosis, Bipolar Disorders). The intern will gain expertise in working with Veterans from psychosocial rehabilitation, recovery oriented, and medical based models of treatment with this population. Training goals will focus on the development of skills in providing recovery oriented empirically supported individual and group treatment interventions such as Social Skills Training, CBT for Psychosis, ACT for Recovery, Illness Management and Recovery, Motivational Interviewing, Assertive Community Treatment, Behavioral Family Therapy, Dual Diagnosis Treatment, and community integration interventions. Assessment goals will emphasize learning how to administer and interpret psychological tests specific to the SMI population, and enhancing skills in teaching recovery oriented principles, program development/improvement, and working effectively as part of an interdisciplinary team. There are opportunities for the SMI intern to gain skills in research and scholarly inquiry, expanding on areas of professional development and identity, and developing proficiency in issues related to diversity and ethics.

Clinical experiences/rotations available may include the Psychosocial Rehabilitation and Recovery Center (PRRC), Intensive Community Mental Health Recovery (ICMHR), and Inpatient Mental Health. The intern will have priority to be offered the Psychosocial Rehabilitation for Serious Mental Illness Postdoctoral Fellowship.

#### **Neuropsychology Emphasis Internship:**

The Neuropsychology emphasis intern follows a training plan that is structured to meet APA Division 40 requirements. The intern is expected to have two rotations in neuropsychology and engage in neuropsychology didactics throughout the training year. The first rotation is a required full-time rotation in the Neuropsychology Consult Service Clinic. This is a general neuropsychology clinic, so Veteran patients are from a wide range of referring providers, including primary care, mental health, neurology, and infectious diseases. Approximately half of the referrals to the general neuropsychology clinic are for older adults with referral questions including dementia differentials and capacity evaluations. The second rotation can be a combination of Polytrauma Rehabilitation Center (PRC), Polytrauma Transitional Residential Program (PTRP), and the Neuropsychology Consult Service.

The neuropsychology team has weekly didactics, including journal club, clinic/staff meetings, neuroanatomy seminar, and case conference/group supervision. Monthly the staff and trainees meet to discuss ongoing research projects. Interns also can observe monthly mock oral exams and participate in at least one mock oral exam. Interns who have completed their dissertation are given the opportunity to participate in neuropsychology research.

A neuropsychology intern can apply for our Neuropsychology Postdoctoral Residency Program, but acceptance into that program is not guaranteed and is based on a national search.

#### **Rural Mental Health Emphasis Internship:**

The Rural Mental Health Emphasis Internship has two broad objectives: to provide general training experiences which meet all APA requirements for doctoral internship training and to provide additional training experiences in the specialty area of rural mental health. The Rural Mental Health intern will spend approximately 4 days/week at Kerrville VA hospital. The intern will benefit from training in various evidence based therapies (such as CPT, PE, MI, CBT, ACT), exposure to the provision of tele-mental

health treatment to rural Veterans, administering and interpreting psychological tests, enhancing skills in supervision and teaching, working effectively as part of a multidisciplinary team enhancing Veteran patient care, gaining advanced skills in research and scholarly inquiry, expanding on areas of professional development and identity, and developing proficiency in issues related to diversity and ethics.

The intern will have priority to be offered the Rural Mental Health Postdoctoral Fellowship.

### Sample Training Rotations

Emphasis	First Rotation	Second Rotation	Third Rotation
<b>General</b>	Behavioral Health Interdisciplinary Program/ Dialectical Behavior Therapy	PTSD Clinic	Primary Care Mental Health Integration
	Required: Assessment Cases; Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk); Research or Brief Experience in Transgender Health (4 hrs/wk)		
<b>Serious Mental Illness</b>	Psychosocial Rehabilitation and Recovery Center or Intensive Community Mental Health Recovery (required)	Polytrauma Resource Center Outpatient	Neuropsychology
	Required: Assessment Cases; Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk); Research or Brief Experience in Psychological Assessment (4 hrs/wk)		
<b>Primary Care/ Health Psychology</b>	Primary Care Mental Health Integration (required)	Rehabilitation Psychology at Polytrauma Rehabilitation Transitional Program (PTRP)	Geropsychology
	Required: Assessment Cases; Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk); Research or Brief Experience in Sleep Disorders Clinic (4 hrs/wk)		
<b>Geropsychology</b>	Geropsychology (required)	Neuropsychology (required)	PTSD Clinic
	Required: Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk); Research or Brief Experience in Transgender Health (4 hrs/wk)		
<b>Trauma Psychology</b>	PTSD (required)	Intensive Community Mental Health Recovery (ICMHR)	Substance Abuse Residential
	Required: Assessment Cases; Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk); Research or Brief Experience in PC/BH (4 hrs/wk)		
<b>Neuropsychology</b>	Neuropsychology (required)	Psychosocial Rehabilitation and Recovery Center (PRRC)	PRC/PTRP Clinic
	Required: Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk+ NP didactics); Research or Brief Experience in Sleep Disorders Clinic (4 hrs/wk)		
<b>Rural Mental Health</b>	Substance Abuse Outpatient	General MH/PTSD Clinic	Primary Care Mental Health Integration
	Required: Assessment Cases; Group Therapy, Individual Psychotherapy Case and Supervision; Didactics (at least 4 hrs/wk); Research or Brief Experience in PC/BH (4 hrs/wk)		

Note: These are examples of possible internship schedules selected to emphasize various training interests and options. Interns may select other training sites or experiences that meet their individual training goals/interests, along with emphasis area requirements.

## Supervision

All work performed by Interns during their Internship year will be under the supervision of a licensed staff psychologist with clinical privileges in the area supervised. The Supervisor is ultimately responsible for all care provided by the trainee. Supervision will be applied with the goal of progressing the trainee through “graduated levels of responsibility” and core competencies. Trainees will obtain at minimum **four hours** of supervision weekly. Following APA requirements, at least 2 hours will be with a licensed psychologist on an individual basis. The remaining 2 hours will be obtained in group supervision, interdisciplinary team case staffing, and/or individual supervision with adjunctive staff such as licensed clinical social workers, nursing and PharmD’s while under the primary psychologist supervising the training experience. The primary supervisory psychologist maintains the overall responsibility for all other supervision, to include the integration and oversight of supervision. Additionally, Interns will meet 1 hour/month with their Preceptor.

Each Supervisor will arrange regular supervision times. Different supervisors will have different styles and procedures for supervision. Interns will learn about many of these during Orientation. Informal supervision is available anytime an Intern needs/requests it. The Preceptor, Training Director, and Training Committee have a general rule when approving training plans that an Intern will have no more than 3 assigned Supervisors at any given time. This does not include the Preceptor.

**Preceptors:** Preceptors (similar to mentors) are trained Supervisors/Staff Psychologists who meet with their Intern “preceptees” monthly throughout the year. Preceptors have expertise in the Intern’s particular emphasis area. Their function is to assist with development of training plans, professional development, ensure training needs are being met, and to establish and track training goals with the Intern throughout the year. Interns are assigned Preceptors during orientation. Preceptors may also serve as Clinical Supervisor if at any given time an Intern elects a rotation or brief/adjunctive training experience with them. All Preceptors are members of the Training Committee and are required to attend Supervisor Meetings on the scheduled dates so they may stay abreast of the progress of their trainee throughout the year.

A some point during the training year, Interns will likely participate in tiered supervision with a Postdoctoral Fellow and a Licensed Psychologist.

## TRAINING EVALUATION COMPETENCY RATING SYSTEM

**Competency Rating System:** Competence ratings are made on the core competencies of Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values, Attitudes, and Behaviors; Communications and Interpersonal Skills; Assessment; Intervention; Supervision; and Consultation and Inter-Professional/Inter-Disciplinary Skills. The competence ratings used in the psychology training programs at the South Texas Veterans Health Care System are based on how much supervision is required for a trainee to perform a task competently. There are six possible ratings, defined as follows:

**Level 1:** Most skills are new and trainee needs very intensive and close supervision. May require remediation plan.

**Level 2:** Routine, and occasionally intensive supervision is needed, particularly in unfamiliar training areas. Skills are becoming more familiar, but trainee needs assistance in implementing them.

**Level 3:** Basic skills have been acquired and trainee implements them with increasing ease, but continues to require routine supervision of each activity.

**Level 4:** Basic skills are implemented with ease and more complex skills are emerging, particularly in a specialty area of interest. Trainee demonstrates emerging competency in routine cases. Routine supervision of most activities, though depth of supervision varies as clinical needs warrant.

**Level 5:** Competency attained in all but non-routine cases, though supervisor provides overall management of trainee’s activities. Trainee demonstrates increasing ease and integration of



advanced skills and proficiency is emerging in routine cases or area of specialty interest. Supervision/consultation may be necessary in non-routine situations, though depth of supervision varies as clinical needs warrant. While the trainee may not possess the specific skill set required for independent practice in a specific rotation setting, this level represents the achievement of minimal competency for independent general psychological practice.

**Level 6:** Supervisor oversees trainee's activities, but trainee manages day-to-day activities with emerging autonomy. Supervision resembles peer consultation with in-depth supervision necessary only in unusually complex situations.

**N/A:** Not applicable for this training experience/Not assessed during training experience.

**Ratings are NOT grades.** It is important to remember that these ratings are not "grades." A Level 1 rating is not necessarily failing. It is quite possible that an Intern has had no previous experience with a particular item/task, and needs to have a supervising psychologist present during the early stages of the experience until they require less intensive supervision. A Level 2 rating is also not unsatisfactory—there may be some tasks on which an Intern might be rated at Level 1 or 2 during the 2<sup>nd</sup> month evaluation.

Interns obtain knowledge of progress through verbal feedback from supervisors and on specific items on the evaluation forms. As applied to ratings of items (aspects), it is expected that Interns will have a distribution of level ratings. Progress toward training goals can be noted on a clinical activity by observing how the distribution of ratings shifts upward during the training year. This system provides Interns with very specific feedback of progress because it tells them exactly on which detailed components of an activity progress is or is not being made.

The **Minimal Acceptance Ratings** for each competency each evaluation period are as follows: End of 1<sup>st</sup> rotation- 100% of items rated 3 or higher; End of 2<sup>nd</sup> rotation- 100% of items 4 or higher; End of 3<sup>rd</sup>/End of Training Year: 100% of items rated at 5 or higher.

MINIMAL ACCEPTANCE RATINGS FOR EACH RATING PERIOD; IF RATINGS ARE LOWER, CONSIDER PERFORMANCE IMPROVEMENT PLAN/REMEDATION PLAN.	
End of 1 <sup>st</sup> Rotation:	100% of items 3 or higher
End of 2 <sup>nd</sup> Rotation:	100% of items 4 or higher
End of 3 <sup>rd</sup> Rotation/End of Training Year:	100% of items 5 or higher
Rating	Rating Narrative
NA	Not applicable for this training experience / Not assessed during training experience
6	Supervisor oversees trainee's activities, but trainee manages day-to-day activities with emerging autonomy.
5	Competency attained in all but non-routine cases, though supervisor provides overall management of trainee's activities.
4	Trainee demonstrates emerging competency in routine cases. Routine supervision of most activities, though depth of supervision varies as clinical needs warrant.
3	Basic skills have been acquired and trainee implements them with increasing ease, requires routine supervision of each activity.
2	Routine, and occasionally intensive, supervision needed, particularly in unfamiliar training areas. Skills becoming more familiar, trainee needs assistance implementing them.

**Baseline Assessment:** During Intern Orientation, Interns are presented with a brief scenario of a typical case presenting to the Psychology Service. Interns are asked to review the case, which includes data from intellectual and personality assessments, and to provide a report of impressions and recommendations. Dr. Katie Bain, Neuropsychologist, reviews these reports and makes recommendations.

This initial evaluation serves two purposes: First, all trainees must have an evaluation to determine whether they have sufficient basic clinical skills to see VA patients without a supervisor being present or directly observing. The second goal is to provide additional information to be used with the Intern's self-assessment to form a basis for a discussion between the supervisor and intern for beginning the development of training goals for the Intern. The interview and debriefing is conducted in an open, non-critical atmosphere, with feedback provided on both the strengths and training needs that were suggested by the evaluation. The results of these discussions are only preliminary and will be developed more fully between the Intern, Preceptor, and all Supervisors as the first rotation unfolds.

**Intern Initial Evaluation:** This initial evaluation is completed by the Preceptor during Intern orientation. One summary rating is identified for each competency area. Resources/data used for this evaluation may include the Intern Self-Assessment, Baseline Assessment, feedback from faculty presenters during orientation, observation, and/or discussion. Interns are expected to be around Rating '2' at entry: Routine, and occasionally intensive, supervision needed, particularly in unfamiliar training areas. Skills becoming more familiar, trainee needs assistance implementing them.

**Graduated Levels of Responsibility:** All supervisors complete the Graduated Levels of Responsibility form at the beginning of rotations and training experiences. This form assists in determining which activities the trainee will be allowed to perform within the context of assigned levels of responsibility. These are completed by supervisors as changes in assigned level of responsibilities for each activity are noted and are submitted to the Director of Training for review.

Supervisors complete formal evaluations of all competency areas at the completion of each rotation. Brief experience supervisors complete evaluations during the same evaluation periods. Preceptors complete evaluations at orientation only. Interns and Supervisors/Preceptors seek out informal feedback on a regular basis to discuss training goals, strengths and areas that need improvement.

Dr. Allyson Ruha completes evaluations at the request of the Intern's graduate program Director of Clinical Training, or at midpoint and completion of the training year.

**Intern Rates the Supervision/Training Experience:** At the end of every training experience, Interns will rate the quality of the supervision they have received in various areas. They will also rate their training experiences. These ratings will be discussed with the Supervisor, and then given to the Training Director. The Training Director utilizes the ratings to monitor the quality of supervision and training experiences provided, and follows up as needed for program improvement.

### **Formal Training Opportunities**

Typically, in the beginning in October, an Assessment and Intervention Seminar is scheduled for interns to present and discuss interesting or difficult clinical cases. Postdoctoral Fellows and Interns also present in Psychology Grand Rounds, which are open to other disciplines as well. Recognizing that staff and interns represent a rich and varied background of educational and professional experiences, these seminars are designed to help integrate theory, research, ethics, individual and cultural diversity, and clinical experience with current clinical cases.

Our didactic offerings cover a wide variety of topics throughout the year. Specific topics based on our trainees' interests and requests are also offered. Approximately four hours a week are reserved for our formal didactics program. Many other didactic opportunities are available within STVHCS, the VA (through webinars and teleconferences), and within the San Antonio area, including conferences, workshops offered by community agencies and medical centers, and ongoing reading groups and society meetings. Trainees are usually granted time to attend these activities if they are offered during regular duty hours.

Many treatment units also conduct clinical case conferences in which Veteran patients are thoroughly reviewed by staff, trainees, and consultants to provide a more precise diagnostic understanding of the patient and more effective treatment planning. In addition to attending such case conferences, interns may receive informal supervision and training by accompanying resident physicians on ward rounds, debriefing sessions immediately following patient contacts, and "curbside consultations" with various attending faculty in the medical center.

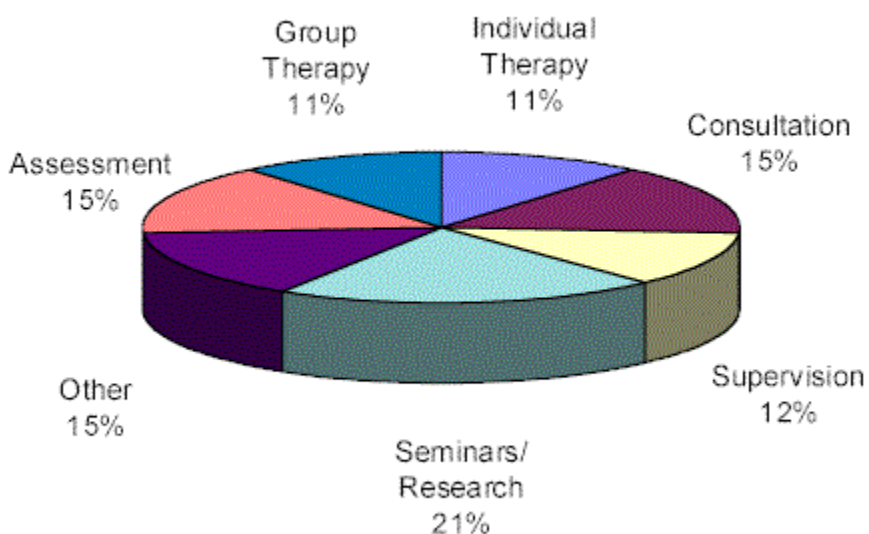
### **Research**

Although the primary purpose of the internship is to advance the clinical training of the intern, involvement in research also is available during the internship year. Interns may participate in ongoing research with staff and are encouraged to integrate research results with clinical work by frequent use of our resources. More formal research is also possible, but the timetable should allow for completion of the project within the internship year. Interns who have been accepted into our internship and who are interested in using VA patients in formal research studies should discuss their ideas with the Training Director prior to beginning the internship.

Our internship has a firm commitment to helping interns complete their dissertation research. Four hours per week are used for this purpose. Our workload requirements are such that interns should have time and energy outside the internship hours for working on their dissertation. Past interns and fellows have also participated with ongoing staff research projects and prepared posters describing interesting cases or small sample research for national scientific meetings.

### **Breakdown of Activities**

Based on statistics for the past few years, interns typically spend 40-60% of their time in direct patient care activities and receive four plus hours/week of formal supervision. A detailed breakdown of time spent by interns in various activities is illustrated below.



### **Q&A with our past Interns from 2019-2020, 2018-2019 and 2017-2018**

**In what ways did the program respond during the COVID-19 pandemic to ensure your safety and training needs were met?**

“COVID-19 started to become a real threat to the safety and health of Americans in March 2020, just as we were beginning our third and final rotation of internship. Dr. Ruha, our rotation supervisors, and the chief of psychology acted swiftly to enable us to begin working from home as soon as possible. Compared to my friends completing their internships at other VA's, South Texas was much faster and clearer in terms of leadership's communication with staff and trainees. Dr. Ruha checked in with us regularly to see how we were managing the transition to telework and to make any adjustments necessary to our rotations so that we were still able to meet our training goals with as few interruptions as possible. Throughout this unconventional training experience due to the complexities posed by COVID-19, I felt supported, encouraged, and cared for by Dr. Ruha and my supervisors.”

~Laurie Russell, Trauma Emphasis Intern 2019-2020

“All my supervisors were made sure that I was comfortable providing tele-mental health before we transitioned. Because the move to telework started two weeks into third rotation, my supervisors made sure I was comfortable with the admin aspect of the clinic (i.e., encounter codes, intake note formats, note templates) and that I had everything I needed prior to the transition. Dr. Ruha also met with our cohort to discuss how we fit in terms of our safety and what we needed. She was very transparent about what was happening and it never felt like we were in the dark or that we were being overlooked.”

~Christina Thai, SMI Emphasis Intern 2019-2020

“STVHCS successfully transitioned us to remote working prior to most the staff and allowed us to remain remote through the end of the training year. To meet training needs we met with the TD as a group and individually (as necessary) to modify rotations, assessments, and other remaining training goals. We were able to move everything to Skype except our multicultural excursions (hopefully there is an alternative for this next year).” ~Jasmonae Blodgett, General Mental Health Emphasis 2019-2020

**How does the program demonstrate a commitment to individual and cultural diversity?**

“They support different orientations and styles of intervention; for example we had one intern who came from a psychodynamic background and one who came from a systems/FAP background. Additionally, diversity shows in the make-up of our cohort, our monthly MCJC sessions, and the encouragement of supervisors to integrate as much cultural discussion as is necessary and desired into supervision.”

~Jasmonae Blodgett, General Mental Health Emphasis 2019-2020

“Our program has multicultural journal club that meets once a month and there are also multicultural immersion activities where we go out into the community and learn about different cultures/holidays/celebrations. I feel that all my supervisors have been open and receptive in talking about diversity or multicultural issues within supervision.” ~Christina Thai, SMI Emphasis Intern 2019-2020

“I believe that the South Texas VA internship program demonstrates a strong commitment to individual and cultural diversity. This was one of the factors that was most important to me in an internship training program and my experience at South Texas has confirmed that this is an area of strength for the program. Not only does the psychology staff include individuals from varied cultural backgrounds, but there is diversity among the trainees as well. In addition, supervisors provided a safe space in which I could explore my own cultural background and think about how it was impacting my work with my clients.”

~Laurie Russell, Trauma Emphasis Intern 2019-2020



"There are multiple didactics about individual and cultural diversity in both patient care and in supervision. There is also the opportunity to do a brief rotation focused on multicultural issues." ~Mary Dozier, Geropsychology Emphasis Intern 2018-2019

"Multicultural Journal Club encourages trainees to exam research/literature, it's impact on clinical care, our abilities to provide services, and how we might work towards closing the gap and incorporating this further in our own practices. It also helps facilitate health conversations and dialogue amongst trainees regarding issues of multiculturalism and diversity." ~Ashlee Martinez, General Mental Health Emphasis 2017-2018

"Earning my masters from the largest U.S. university primarily for women and coming from an HBCU, this was a very important part of my experience here. There are multiple opportunities to have discussions around cultural diversity – supervision always welcomes it, you can choose to incorporate issues of diversity in your A&Is and Grand Rounds, and we have monthly Multicultural Journal Club meetings. Those meetings are really good because it is an open discussion sparked by two scholarly articles. It may challenge your thinking in certain areas and shine light on some areas that weren't on your radar (i.e., creating some flexibility while doing an EBP module when is it culturally appropriate)." ~Natalie Rochester, Trauma Emphasis 2017-2018

### **How does the program show Interns it values work/life balance?**

"I have had supervisors tell me to go home when I stay late to finish notes! They encourage you to take time off for holidays, to work on your dissertation, or if you're sick." ~Christina Thai, SMI Emphasis Intern 2019-2020

"After coming from a very demanding graduate program, I struggled with work/life balance at the start of internship year. Based on my prior experiences, I would feel the urge to stay late and overwork myself because that is what I was used to doing. My supervisors picked up on this and had open, honest conversations with me in which they expressed caring and concern as well as brought up the importance of setting boundaries between work and home. They sometimes stopped by my office and reminded me to pack up for the day, or (during this telehealth time), would remind me to log off by 4:00 pm if I happened to still be logged on at 4:15. I have greatly appreciated having supervisors who have my best interests at heart and who fully support me and want me to lead a rich life where I am not at risk for burnout." ~Laurie Russell, Trauma Emphasis Intern 2019-2020

"By enforcing, and even sometimes insisting (in a positive way!), that we leave work at the end of our tour. The program also made sure that all interns were engaging in intern hour. I also was frequently asked by supervisors if I was engaging in self-care." ~Julia Lopez, General Mental Health Emphasis 2018-2019

"Supervisors model boundaries (e.g. leaving work on time, taking time off when indicated, not working over lunch). Letting interns use leave as requested (no hassle)." ~Christine Breazeale, Trauma Emphasis 2018-2019

"This internship program places an exceptionally high value on work/life balance and interns are consistently encouraged to develop a healthy work/life balance. The training director, preceptors, and rotation supervisors all ask that interns refrain from working beyond their scheduled tour of duty, which allows for plenty of time to spend with loved ones and engaging in self-care. We also discuss the importance of maintaining a healthy work/life balance in some of our didactics, which is helpful for professional development." ~Jared Roush, SMI Emphasis Intern 2017-2018

"I have been encouraged by many individuals, both my supervisors, trainees, and other psychologists, to emphasize work-life balance. It is pretty common that a psychologist in my area will walk by my doorway around 4:25 and say "You leaving soon?" It's kind of our unspoken way of keeping each other accountable. Psychology within this VA really promotes a culture of balance and treats us as a whole person." ~Whitney Stubbs, Geropsychology Emphasis Intern 2017-2018

"Protected tour time (40 hour work week), always encourage by supervisors to be out the door when your tour is over! (Go home!) Encouragement to use your vacation/sick time." ~Ashlee Martinez, General Mental Health Emphasis 2017-2018

### **What are some strengths of the Internship Program at STVHCS?**

"Intern forward; supportive of intern values, individuality, and collaborative in finding solutions to conflicts that arise (e.g. change in rotation, difficulties with an intervention or supervisor, lack of interest in a chosen rotation OR desired opportunity to work in something not typically in a rotation)"  
~Jasmonae Blodgett, General Mental Health Emphasis 2019-2020

"The internship program at South Texas VA has many strengths. For me, the biggest one has been the phenomenal supervisors. In every rotation and training experience, I have felt supported, cared for, challenged, and respected. Unlike some of my graduate school supervision, which was more focused on client conceptualization and learning new treatment techniques, my supervision this year was largely focused on my professional identity as a budding clinical psychologist. I am ending my internship year with a much greater sense of who I am as a clinician and with much more confidence about approaching difficult clinical cases." ~Laurie Russell, Trauma Emphasis Intern 2019-2020

"This internship really values it's trainees. I have been given opportunities to attend trainings and conferences. The training committee works to ensure that trainees get the most out of your training year. The faculty is also very supportive and encouraging!" ~Christina Thai, SMI Emphasis Intern 2019-2020

"I would say the biggest strength is how focused all of the training staff is on helping you get to where you want to be. There is a huge variety of training opportunities, very high-quality supervision, and enough flexibility to fit a wide range of training goals I came in with. Great opportunities to learn from disciplines outside of psychology with rotations around the hospital. Every supervisor I had was very focused on helping me get the most out of the rotation – being intentional about meeting me where I was, letting me play to my strengths, and supportive in pushing me into growth areas outside my comfort zone. Great work-life balance in a fun city!" ~Patrick Smith, Serious Mental Illness Emphasis Intern 2018-2019

"The biggest strength I saw here at STVHCS was the passion that supervisors showed. They really are invested in giving you the best training experience possible and will try to incorporate your specific interests into your rotations. Even if you're not really sure you would be interested in an area but just want to dip your toes into it, ask around and see if you can do a minor rotation. Chances are they will be glad to have you on board." ~Ryan Andresen, Rural Mental Health Intern 2018-2019

"The breadth and variety of major and brief rotations was a major strength in that it allows interns to become well-rounded, competent future psychologists. Also, the quality of supervision exceeded my expectations." ~Julia Lopez, General Mental Health Emphasis 2018-2019

"Flexibility of training experience to meet intern's goal. The staff are genuinely excited to show up to work and that's infectious! They model good self-care. Quick and respectful response to intern feedback on areas of improvement. Emphasis on the well-being of the trainee (dedicated dissertation time, flexibility about taking leave). Intern bonding hour." ~Christine Breazeale, Trauma Emphasis 2018-2019

"Flexibility, support, commitment to training, openness to feedback, collaborative. Dr. Ruha has been great in helping us all find rotations that fit with our interests and goals, even when a lot of us wanted the same experiences." ~Whitney Stubbs, Geropsychology Emphasis Intern 2017-2018

"I think the biggest strength of this internship program is dedication to the needs of trainees. I continue to be struck by the commitment my supervisors have to my training and the emphasis each and every one of them puts on work-life balance. I always feel like my training is a priority to staff and that they have a

deep respect for the division between satisfaction at work and an enriched home life.” ~Troy Webber, NP Focus Intern 2017-2018

“Encouragement to attend conferences/workshops for professional development, intern hour, variety of rotations to select from, specialty rotations available such as Polytrauma, SCI, PCT, having a preceptor, and protected dissertation time are all strengths of the STVHCS program.” ~Ashlee Martinez, General Mental Health Emphasis Intern 2017-2018

### **Are there research opportunities outside of the 4hrs/week to work on dissertation?**

“I was able to design and implement an independent research project during my first rotation in the Kerrville CLC. I was also able to assist my supervisor in my final rotation with a paper she is writing about the treatment outcomes in the PRRC. Finally, the neuropsychology team has a large (and ongoing) database that they publish off of and they are often looking for volunteers to help with projects (or to propose new ones). Although I didn’t participate in any of the ongoing neuropsychology research, I did sit in on their monthly research meetings and know that other interns have submitted first-author posters and papers using that data.” ~Mary Dozier, Geropsychology Emphasis Intern 2018-2019

“I completed a brief rotation with Dr. O’Brien completing a program evaluation for the STARR program.” ~Julia Lopez, General Mental Health Emphasis 2018-2019

“Research productivity has been a significant component of my internship training. On my research minor rotation, I have been the lead author on several manuscripts that were either accepted or are under review in neuropsychological assessment journals. I was also given the opportunity to co-author several other manuscripts that are under review in peer-reviewed journals. The neuropsychology research training and resources at the South Texas VA are seemingly endless!” ~Troy Webber, NP Focus Intern 2017-2018

“Yes, I started a project at the PCT for the PTSD 102 group. I started late because I finished my dissertation later in my internship year, but I was able to jump start it for fellowship year.” ~Natalie Rochester, Trauma Emphasis 2017-2018

### **How would you describe relationships with supervisors?**

“My supervisors have been instrumental in making this year great. I feel that they have supported my personal growth along with my professional growth. They have given me space to reflect and process and have encouraged my confidence.” ~Christina Thai, SMI Emphasis Intern 2019-2020

“Collaborative, respectful, supportive.” ~Christine Breazeale, Trauma Emphasis 2018-2019

“Wonderful. I’ve had eight supervisors total this year and have valued each relationship. I have gotten the sense that they all have genuinely wanted to provide a supportive and comfortable environment, which allowed me to be challenged while also feeling very valued.” ~Julia Lopez, General Mental Health Emphasis 2018-2019

“The relationship between supervisors and trainees is excellent. When they say they have an open door policy they really mean it. If I had a question at any time throughout the day I knew I could reach out to my supervisors and receive a prompt response. They value your input and your perspective so don’t be afraid to speak up.” ~Ryan Andresen, Rural Mental Health Intern 2018-2019

“I think that the supervisors are a major strength of the program. All of my rotations started with the supervisors asking what I wanted to get out of the experience and what my prior training in that area was. They then made a point of tailoring my experience (and their expectations) accordingly. I have also felt comfortable talking to all of my supervisors about any professional or training issues that came up in the course of the rotation.” ~Mary Dozier, Geropsychology Emphasis Intern 2018-2019

"I would say my supervisors treat me with a lot of respect and nicely balance support and supervision with autonomy and independence. I feel like I am regarded as a future colleague (not *just* a trainee) and that my opinions, ideas, and experiences are valued and welcomed. In my experience, supervisors are more than willing to work with you to take on a new group, project, or have a specific type of client experience." ~Whitney Stubbs, Geropsychology Emphasis Intern 2017-2018

"My overall supervisory experience has been excellent. Supervisors genuinely enjoy supervising trainees and are excited to supervise/mentor others. They are willing to meet the trainee where they are at in their level of professional development and have various styles of supervision." ~Ashlee Martinez, General Mental Health Emphasis Intern 2017-2018

### **What can you say about the program that's not highlighted in the brochure?**

"It is an ideal program to demonstrate the care and investment of the whole employee. Their culture operates congruent to the values of our field and the message we are often sending to our patients, which is maintaining balance in the different domains of your life. You are encouraged to have a voice and advocate for yourself without fear of retribution. You are also supported when life events disrupt your normal routines and are not made to feel as if you can't exist outside your professional role/identity." ~Jasmonae Blodgett, General Mental Health Emphasis 2019-2020

"The friendliness and support from the staff was truly wonderful and was a large contributor to why my internship year was so successful. It also stood out to me how many prior interns/post-docs have stayed on as staff, which goes to show how much people want to stay here." ~Julia Lopez, General Mental Health Emphasis 2018-2019

"The training committee is sincerely devoted to helping interns achieve their goals, whatever those goals may be." ~Mary Dozier, Geropsychology Emphasis Intern 2018-2019

"The quality of life here is great! The opportunity for jobs here after internship and post-doc are promising. The role of mental health at this VA is valued. Everyone is very supportive of interns seeking any additional trainings they desire." ~Christine Breazeale, Trauma Emphasis 2018-2019

"I cannot overstate how much the training director, preceptors, and all of the rotation supervisors truly care about the training experiences that interns receive. The members of the training committee and rotation supervisors are deeply invested in creating exceptional training experiences tailored to the needs of the individual intern." ~Jared Roush, SMI Emphasis Intern 2017-2018

### **What are some unique experiences offered to Interns?**

"Interns at STVHCS are routinely given an opportunity to participate in local and regional clinical trainings and workshops, which have included a 3-day Cognitive Processing Therapy training, 2-day Cognitive Behavior Therapy for Insomnia training, 2-day MMPI-II-RF training, 2-day VA/DoD Suicide Prevention training, and 3-day PCMHI Competency training." ~Jared Roush, SMI Emphasis Intern 2017-2018

"Ability to attend conferences/workshops for professional development (STRONG STAR, AVAPL, CBT-I), CPT and PCMHI certification available to those who are interested, intern hour, polytrauma rotations (PTRP and family psychology in Polytrauma); are all wonderful and unique features of the STVHCS program." ~Ashlee Martinez, General Mental Health Emphasis Intern 2017-2018

"For Gero and Neuro interns, the neuropsychology didactics are wonderful! I have learned a lot about brain-behavior relationships, psychometrics, interpretation, and the impact of various medical conditions as well as how to think more critically about conceptualization. Our neuropsychology training is top-notch." ~Whitney Stubbs, Geropsychology Emphasis Intern 2017-2018

## **FACULTY**

**LISA M. ACOSTA**  
**Ph.D., Clinical Psychology, University of North Texas, 2007**  
**Program Manager, Substance Use Disorders**  
**Supervisory Psychologist**

Dr. Acosta earned her Ph.D. in clinical psychology at the University of North Texas after completing a Master's degree from St. Mary's University. She completed her internship and postdoctoral training at the VA North Texas Health Care System, with a post-doctoral fellowship focused on substance use treatment. In 2019, she joined STVHCS as the Program Manager for Substance Use Disorders with a focus on expanding outpatient services to include a new Intensive Outpatient Program. Grounded in motivational interviewing principles, her treatment approach pulls from Cognitive Behavioral Therapy, harm reduction, and wholistic treatment with an emphasis on addressing co-occurring disorders along with substance use. She also has a strong interest in the treatment of chronic pain and is a national training consultant for CBT for Chronic Pain. Prior to joining STVHCS, Dr. Acosta was a staff psychologist at the VA North Texas Health Care System and Program Manager for Substance Use Disorders at the El Paso VA Health Care System. When she's not at work, Dr. Acosta enjoys spending time with family as well as dabbling in music, art, and attempting to paint.

**KATHLEEN M. BAIN**  
**Ph.D., Clinical Psychology, University of North Texas, 2016**  
**Staff Neuropsychologist**  
**Neuropsychology Consult Service**

Dr. Bain earned her doctorate in clinical psychology at the University of North Texas. She completed internship training at the VA Illiana Healthcare System in Danville, Illinois, from 2015-2016. She then completed postdoctoral training at the South Texas Veterans Health Care System in San Antonio, TX, from 2016-2018. After postdoc, she joined the STVHCS as a staff neuropsychologist with the outpatient neuropsychology consult service. Dr. Bain is involved in supervision of interns and postdoctoral fellows in clinical duties (including neuropsychological assessment/feedback and group cognitive rehabilitation), research, and administrative projects. When she's not at work, Dr. Bain enjoys spending time with her family, bingeing feel-good shows on Netflix, and trying recipes from the Bob's Burgers cookbook.

**ROBERT D. BECK**  
**Ph.D., Clinical Psychology, Southern Illinois University, 2011**  
**Outpatient Clinical Psychologist, Polytrauma Network Site**

Dr. Beck is the staff psychologist for the outpatient Polytrauma Network Site at STVHCS. He works with an interdisciplinary team of providers under the auspices of the Physical Medicine and Rehabilitation Service. His professional duties include providing psychotherapy and clinical assessment services to patients engaging in specialty Polytrauma care. His areas of focus include PTSD, anxiety, and insomnia. Prior to coming to San Antonio, he completed a postdoctoral fellowship in Postdeployment Trauma Care at the Michael E. DeBakey VAMC in Houston, Texas and a predoctoral internship at the Southern Arizona VAHCS in Tucson, Arizona. In his non-professional life, Dr. Beck enjoys reading about culture and politics, keeping up with current events, and wasting money on household gadgets.

**MARGARET BENCOMO-RIVERA**  
**Psy.D., Clinical Psychology, Indiana State University, 2001**  
**Home Based Primary Care Program**

Dr. Bencomo-Rivera received her Bachelor's degree at St. Mary's University in San Antonio, TX and completed her Masters in General Psychology and Doctorate in Clinical Psychology from Indiana State

University in 2001. She completed her internship training at the Houston Veterans Affairs Medical Center in 2001. Dr. Bencomo-Rivera stayed on at Houston and received her postdoctoral certification in Substance Abuse/Dual Diagnosis. Dr. Bencomo-Rivera has worked with a wide range of age groups, starting her early career with college students and since 2005 working mostly with geriatric patients. She joined the STVHCS as a staff psychologist in November of 2007 as the first psychologist with the Home Based Primary Care Program (HBPC). This program is for Veterans who have multiple and/or chronic medical problems and are home bound. Veterans are followed by a team consisting of a physician, psychologist, nurse, social worker, dietitian, and physical therapist. She has also been active within psychology working as the team lead for HBPC, co-chairs the peer review committee, precepts the Palliative Care Post-doc, and is coordinating the new Psychology Mentor Program. Outside the STVHCS, Dr. Bencomo-Rivera enjoys spending time with her husband and twin daughters.

**J. ALISON BESS**

**Ph.D., Counseling Psychology, Texas Woman's University, 2006**  
**Staff Psychologist**

Dr. Bess earned her Ph.D. in counseling psychology at Texas Woman's University in Denton, TX. The title of her dissertation was "The Experiences of Transgendered Clients in Therapy." She completed her internship training at Clemson University's Counseling and Psychological Services. She has worked at university counseling centers, an immigration detention center, and as a civilian contract psychologist for the Air Force. Dr. Bess joined STVHCS as a staff psychologist in March 2013. Her current position consists of being the psychologist for the Home Based Primary Care "Seguin" team, working with transgender Veterans, and providing individual and group therapy as a member of the Dialectical Behavior Therapy team. Her work with transgender Veterans includes facilitating the weekly outpatient Transgender Veterans Group, evaluating transgender Veterans for gender affirming medical treatment, and providing outpatient individual therapy. Dr. Bess's professional interests include sexual and gender diversity, coping with complex and chronic medical conditions, interpersonal trauma, and Motivational Interviewing. In her free time, she enjoys meditation, water aerobics, and spending time with her wife and fur babies.

**JAMIE BLUEMEL**

**Psy.D., Clinical Forensic Psychology, The Chicago School of Professional Psychology, 2016**  
**Psychologist, Psychosocial Rehabilitation and Recovery Center (PRRC)**

Dr. Bluemel is a Staff Psychologist for the PRRC at STVHCS. She earned her doctorate in Clinical Forensic Psychology from The Chicago School of Professional Psychology in 2016. She completed her APA-accredited internship through the Bexar County Juvenile Probation Department and, upon completing her fellowship at the River Valley Justice Center in Joliet, IL, found that Texas was calling her back. After becoming licensed in the state of Texas, Dr. Bluemel began working as a staff psychologist at the San Antonio State Hospital, on acute inpatient units and a forensic unit. She transitioned to the University Health System, Detention Healthcare Services where she completed court-ordered evaluations of youthful offenders before ultimately joining the PRRC team at Audie Murphy VA Hospital. Dr. Bluemel provides services in both PRRC programs, Stepping Stones and South Texas Acute Rehabilitation and Recovery (STARR). These programs provide therapeutic services for Veterans with serious and acute mental health diagnoses, respectively. Dr. Bluemel conceptualizes from a psychodynamic perspective, utilizing cognitive behavioral, time-limited brief dynamic, and mindfulness based techniques to assist Veterans with identifying and utilizing their individual strengths to overcome their challenges, better integrate into their communities, and practice their skills for continued growth. Dr. Bluemel enjoys spending time with her husband and three rescue dogs (black lab mixes), exercising, and telling people about the benefits of flossing and reading before bedtime.

**ROBYN CAMPBELL**

**Ph.D., Counseling Psychology, University of North Texas, 2017**  
**Staff Psychologist, Kerrville VA Mental Health Clinic**



Dr. Campbell received her Ph.D. in Counseling Psychology from the University of North Texas in Denton. She completed both her pre-doctoral internship (Rural MH emphasis) and post-doctoral fellowship at the STVHCS. She then joined STVHCS as a Staff Psychologist initially providing services at Frank Tejeda Mental Health Outpatient Services before accepting a position in 2019 at the Kerrville VA Mental Health Clinic. Dr. Campbell supervises the Substance Abuse Treatment Program (Kerrville Division) rotation which provides training experiences in the evaluation and treatment of substance use and co-occurring disorders on an outpatient basis. Additionally, she provides evidence-based therapies for a range of difficulties including PTSD, anxiety, depression, insomnia. Fun fact: Dr. Campbell served in the US Navy as a Seabee.

#### **JULIA CARTER**

**Ph.D., ABPP, Clinical Psychology, Palo Alto University (CA) 2014**

**Clinical Psychologist in BHIP/DBT programs**

Dr. Carter earned a doctorate in Clinical Psychology from Palo Alto University in CA, in 2014, completed an internship at the VA in Iowa City, and a postdoctoral residency at the Kerrville division of the VA in San Antonio, Texas. She has served in several roles within the VA, including Primary Care Mental Health Integration, and now as a Dialectical Behavior Therapy (DBT) Program clinician, and Behavioral Health Interdisciplinary Program (BHIP) psychologist. She serves on the Employee Engagement Committee and also engages in research. She has been involved in psychology training since 2018 as a residency program supervisor specializing in DBT, and recently began supervising interns in both DBT and BHIP. She also enjoys reading, working out, Science Fiction, her two dogs, and spending time with family including two young children.

#### **MICHELE CLEMENTS-THOMPSON**

**Ph.D., Clinical Psychology, University of Memphis, 2001**

**Health Behavior Coordinator**

**Preceptor for the Clinical Psychology Postdoctoral Fellow (Health Psychology)**

Dr. Clements-Thompson earned a doctorate in Clinical Health Psychology from the University of Memphis in 2001, completed an internship at the VA in Buffalo, NY and a postdoctoral residency at the VA in San Antonio, TX. She has served in several roles with the VA, including health psychologist, primary care mental health integration clinician, and now Health Behavior Coordinator. She serves also as the Lead Tobacco Cessation Clinician for South Texas VA. She trains staff throughout the health care system on patient centered care, including Motivational Interviewing, and health coaching. Dr. Clements-Thompson has been involved in psychology training since 2014 as a supervisor, and became a preceptor and member of the training committee in 2016. She also enjoys hiking, yoga, gardening, and spending time with family.

#### **EDAN CRITCHFIELD**

**Psy.D., ABPP/CN Clinical Psychology, Florida Institute of Technology, 2008**

**Outpatient Clinical Neuropsychologist, Polytrauma Network Site (PNS)**

Dr. Critchfield is a staff neuropsychologist working with the Polytrauma Transitional Rehabilitation Program (PTRP). He completed his internship training in clinical psychology while on active duty with the US Army at Brooke Army Medical Center (BAMC) in San Antonio, TX. He then served as an organic behavioral health officer (clinical psychologist) with the 10th Mountain Infantry, 2nd Brigade Combat Team with one deployment in support of Operation Iraqi Freedom. Following separation from the Army, Dr. Critchfield completed a fellowship in Neuropsychology at the Tampa VA Medical Center. Dr.

Critchfield has clinical interests in cognitive rehabilitation and psychosocial adjustment following brain injury.

**MATT CROSS**

**Psy.D., The Chicago School of Professional Psychology, 2013**

**Psychologist, Psychosocial Rehabilitation and Recovery Center (PRRC)**

Dr. Cross earned his doctorate in Clinical Psychology from The Chicago School of Professional Psychology. He completed his internship through the St. Louis Psychology Internship Consortium. One of his rotations during internship was with Children's Advocacy Services of Greater St. Louis, and he remained with that organization for his postdoctoral fellowship. After obtaining licensure in 2014, Dr. Cross began working at the Southeast Missouri Mental Health Center – Adult Psychiatric Services, which is a forensic hospital primarily serving individuals who have been adjudicated as Not Guilty by Reason of Insanity or Permanently Incompetent to Stand Trial for various criminal actions. He served as the Program Coordinator for the Responsibility Therapy program at the hospital, which was designed to offer treatment to individuals who exhibit antisocial traits. In 2016, Dr. Cross returned home to Texas after accepting a position at the San Antonio State Hospital, where he worked as the Unit Director for a 40-bed acute inpatient unit. He joined the PRRC team at the Audie Murphy VA Hospital in 2018 and provides services to Veterans enrolled in the Stepping Stones and STARR programs. Dr. Cross primarily conceptualizes from a psychodynamic perspective, but he employs interventions from a range of treatment approaches in his work with Veterans. Specific populations of interest include individuals diagnosed with serious/persistent mental illness, personality disorder, and those with a history of trauma. In his free time, Dr. Cross enjoys spending time with his wife and his daughters, and he is an avid fan of all things sports. He is also constantly remodeling/repairing things around his home.

**JEREMY T. CROSTLEY**

**Ph.D., Clinical Psychology, University of North Texas, 2009**

**ABPP, Clinical Psychology, 2020**

**Assistant Chief of Psychology**

Dr. Crostley earned his doctorate in clinical psychology at the University of North Texas and completed his internship training at Yale University School of Medicine in 2009. He then began his career with the VA, working at the Oklahoma City and Central Texas VA systems. In 2014, he joined the South Texas VA system and shortly afterward became the Program Manager for Mental Health Outpatient Service (MHOS), which includes a large general mental health clinic and the PTSD Clinical Team. He became Assistant Chief of Psychology Service in 2020. Dr. Crostley has been involved in psychology training since 2010 as a supervisor, preceptor, and training committee member, and has served as a Site Visitor for the APA Commission on Accreditation. He is a member of the Texas Psychological Association and APA.

**BETSY A. DAVIS**

**Ph. D., Clinical-Community Psychology, University of South Carolina, 2016**

**Local Recovery Coordinator**

Dr. Davis earned a doctorate in Clinical-Community Psychology from the University of South Carolina, where her interests focused on promoting community inclusion of individuals with psychiatric disabilities. She completed her predoctoral internship at the West Haven VA in Connecticut and a one-year clinical fellowship at the South Texas VA in San Antonio, both with emphasis areas in psychosocial rehabilitation for serious mental illness. Dr. Davis joined the STVHCS staff as Local Recovery Coordinator in 2017. In this role, she promotes recovery-oriented, Veteran-centered approaches to care throughout the local VA system, advocates for and reaches out to Veterans with serious mental illness, and builds community partnerships to collaboratively meet Veterans' mental health needs. Most of her time is involved in administrative work, including program improvement on the inpatient mental health unit, planning awareness and partnership events, working with the Veterans Healthy Minds Advisory Council, coordinating Veteran outreach, and seeking opportunities for recovery-oriented system changes. During

her personal time, Dr. Davis enjoys spending time with friends, family, and pets, creating pottery in a small home studio, and being outdoors.

**JEFF DERSH, PH.D.**

**University of Texas Southwestern Graduate School of Biomedical Sciences, 2000**

**Clinical Psychologist, ALM Spinal Cord Injury Center**

Dr. Dersh has been working as a staff psychologist in the Spinal Cord Injury Center since 2007. He also serves on the South Texas Ethics Consultation Service, and is adjunct psychiatry faculty at UTHSC. He started supervising trainees in the early 2000s. More recently, in terms of training and supervision activities, he has focused on intensive psychotherapy, while he continues to back up Dr. Talamantes with supervision in the Spinal Cord Injury Center. He was trained when humanistic, interpersonal and psychodynamic therapies were just beginning to lose favor, and he is willing to help students trained more recently integrate aspects of these schools of therapy into their preferred approach to treatment, including courses of therapy that extend for longer periods of time than is typical in the VA setting.

**WILLIAM B. ELDER**

**Ph.D., Counseling Psychology, University of Utah, 2014**

**PTSD Clinical Team Intern Supervisor**

**PTSD Clinical Team Director**

Dr. Elder completed internship and post-doctoral residency in trauma at STVHCS. In 2015, he joined the STVHCS PTSD Clinical Team (PCT) staff and became the PCT director in 2020. He has been involved in psychology training since 2015, supervising trainees learning evidence-based trauma psychotherapy protocols. Dr. Elder's theoretical orientation incorporates feminist and cognitive behavioral principals; he is fascinated by the effects of systems of power and intersectional identities on trauma symptoms. He has been awarded Practitioner of the Year by APA Division 51 (Society for the Psychological Study of Men and Masculinities) and Distinguished Professional Contribution by APA Division 44 (Society for the Psychology of Sexual Orientation and Gender Diversity). He is an adjunct professor at the University of Texas San Antonio Health Science Center, and his research interests include gender, trauma treatment, and qualitative methodologies. After work, Dr. Elder enjoys exploring small towns of Texas, fitness, and mindfulness practice.

**TIMOTHY EMGE-HOOG**

**Ph.D., Clinical Psychology, University of Nebraska-Lincoln, 2012**

**BHIP Section Chief**

Dr. Emge earned his doctorate in clinical psychology at the University of Nebraska-Lincoln, where his research and clinical interests focused primarily on maintenance factors underlying anxiety disorders and the mechanisms of change across cognitive and exposure-based treatments. He completed his internship at the South Texas VA as the trauma intern and accepted a position at the STVHCS midway through his trauma residency. His current clinical interests include delivery of evidence-based psychotherapies for anxiety disorders, primarily PTSD, via a cognitive-behavioral framework. In his free time, Dr. Emge enjoys hiking and being outdoors.

**MÓNICA I. ESCAMILLA**

**Psy.D., Counseling Psychology, Our Lady of the Lake University, 2010**

**Polytrauma, Marriage and Family Psychology**

**Practicum Coordinator**

In 2010 Dr. Escamilla completed her internship at Michael E. DeBakey VA Medical Center in Houston, Texas. By 2012 she had completed a competitive two-year post-doctoral fellowship at San Antonio Military Medical Center (SAMMC) with a focus on trauma, risk, and resiliency. She was then hired on by

SAMMC to provide tele- behavioral health services to military training facilities across the nation and helped develop a telehealth PTSD clinic. Dr. Escamilla's training and clinical work has benefited from experience in varied treatment facilities to include nursing homes, federal corrections facility, VA inpatient and outpatient clinics, community clinics, and military treatment facilities. Her educational background includes focused trainings in couples and family therapy, multicultural treatment approaches (to include certification for working with Spanish speaking populations), and in the treatment and assessment of PTSD. Currently she is serving in the VA Psychology Training Committee as the Practicum Program Coordinator and Supervisor for the Couple and Family Fellowship. At STVHCS, she is the family psychologist for the Polytrauma Rehabilitation Center that is one of five Polytrauma Centers in the country. In her downtime Dr. Escamilla enjoys spending time with family, reading, dancing, and traveling.

**ASHLEY N. GARNER**

**Ph.D., Clinical Health Psychology, University of North Texas**  
**Primary Care Mental Health Integration**  
**Frank Tejada Outpatient Clinic**

Dr. Garner earned her doctorate degree in clinical health psychology at the University of North Texas, Denton. She completed her internship training at the Charlie Norwood VAMC – Georgia Regents University in 2015. She completed her postdoctoral fellowship at the Charlie Norwood VAMC in Interdisciplinary Care in 2016. During her training, she enjoyed working in primary care-mental health integration, palliative care/hospice, rehabilitation, spinal cord injury, and Infectious Disease clinics. Dr. Garner joined STVHCS as a staff psychologist with Primary Care Mental Health Integration in 2016. Dr. Garner has been involved in Psychology training since 2017. Outside of work, Dr. Garner enjoys family time, hiking, gardening, and relaxing to speed runs of classic video games.

**GERARDO E. GONZALEZ**

**Ph. D., Counseling Psychology, Texas A&M University, 2014**  
**Staff Psychologist**  
**PRIME Psychiatry Clinic**  
**Intensive Community Mental Health Recovery (ICMHR)**

Dr. Gonzalez earned his doctorate in counseling psychology at Texas A&M University in College Station, Texas. He completed his internship and residency training at the South Texas Veterans Health Care System (STVHCS). Dr. Gonzalez was the general emphasis track intern during the 2013-2014 internship training year and then completed his post-doctoral clinical psychology residency in 2015 in the specialty area of psychosocial rehabilitation for individuals with severe mental illnesses. Dr. Gonzalez joined the STVHCS as a staff psychologist in 2015. He serves Veterans diagnosed with severe mental illnesses in the Intensive Community Mental Health Recovery (ICMHR) Program and the Prevention through Risk Identification, Management, and Education (PRIME) Psychiatry Clinic. He has been involved in the psychology internship and residency training programs as a supervisor since 2016. During his personal time, Dr. Gonzalez enjoys spending time with friends and family, reading, meditating, listening to music, and hiking.

**TERESA J. HALE**

**Ph.D., Counseling Psychology, Texas A&M University, 2001**  
**Pre-Surgical/Personality Assessments Coordinator**  
**ABPP, Clinical Health Psychology**

Dr. Hale has a D.Min. in Pastoral Counseling as well as a Ph.D. in Counseling Psychology (Texas A&M). She did her internship in Health Psychology as well as postdoctoral residency in Substance Abuse

Treatment at the Dallas VA. She then worked at the Bonham, TX VA for a year at the Mental Health Clinic before moving back to the Dallas VA to work in the Medicine/Surgery clinics for nine years. She is board certified in clinical health psychology. Dr. Hale has been at the San Antonio VA since May of 2012 doing Home Based Primary Care, transitioning to her current position in July of 2014. At present she is half-time on the Palliative Care Inpatient Team and half-time assigned to do pre-surgical assessments. Dr. Hale's professional interests include helping people increase positive health behaviors, completing pre-surgical assessments, working toward positive outcomes in medical patients (particularly medical inpatients), being part of multi-disciplinary medical teams, and is generally happiest doing any kind of psychological assessment (personality, capacity, suitability for medical procedures, etc.) with the goal of improving medical outcomes. Personally she enjoys volunteering, reading, spending time with her dogs, and helping her husband in his ongoing quest to find the best Mexican food restaurants in San Antonio.

**DENISE M. HERBST**

**Psy.D., Clinical Psychology, Minnesota School of Prof. Psychology at Argosy University-Twin Cities, 2012**  
**Kerrville Division**

Dr. Herbst completed her internship training at Cherokee Health Systems, Knoxville, TN in July 2012. In August 2012, she joined the STVHCS as a Psychology Resident focusing on Rural Mental Health at the VA facility in Kerrville, TX. In 2013, she became a Staff Psychologist at this same facility. She currently facilitates the SATP outpatient program at Kerrville, including individual and group sessions, as well as assisting with general mental health treatment. Dr. Herbst has worked in diverse settings including a community mental health center, county-based day treatment program, college counseling center, integrated care facilities, and rural settings. Her primary interests include rural mental health, substance use disorders, and masculinity in the context of help-seeking.

**ALLISON HERSH**

**PsyD Clinical Psychology, University of Denver Graduate School of Professional Psychology, 2014**  
**Staff Psychologist, Frank M. Tejeda VA Outpatient Clinic, BHIP program**

Dr. Hersh earned her PsyD in Clinical Psychology at the University of Denver's Graduate School of Professional Psychology in 2012. She completed internship at the University of Texas Health Science Center in San Antonio which included a 6-month rotation at the Cindi Taylor Krier Juvenile Treatment Center and a 6-month rotation with the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR). Dr. Hersh completed her postdoctoral training at the California Department of Corrections and Rehabilitation – Vacaville where she worked with both acutely and chronically mentally ill inmates from across the California state prison system. After working as a staff psychologist for CDCR – Vacaville, Dr. Hersh moved to Salt Lake City, UT with her family where she worked briefly in private practice. She has been with the South Texas VA since 2018. In her current role she provides group and individual therapy including CBT-Insomnia, PE, ACT, and DBT and is a member of the DBT team. When not at work she is most often playing outside with her family, cooking/baking, reading, and traveling.

**JONATHAN M. HIGHSMITH**

**Ph.D., Clinical Health Psychology, East Carolina University, 2014**  
**Staff Neuropsychologist**  
**Neuropsychology Consult Service Outpatient Clinic/Inpatient Neuropsychology**

Dr. Highsmith earned his doctorate in clinical health psychology at East Carolina University in Greenville, North Carolina (neuropsychology concentration). He completed internship training at the Memphis VA Medical Center from 2013-2014. He then completed postdoctoral training at the South Texas Veterans Healthcare System in San Antonio, TX, from 2014-2016. After postdoc, he joined the STVHCS as a staff neuropsychologist in the outpatient Polytrauma Network Site (PNS) clinic. He then changed position to the Neuropsychology Consult Service in the outpatient clinic and is the primary provider covering inpatient consults. He serves as a clinical supervisor for the 2<sup>nd</sup> year neuropsychology fellows and is the preceptor for Neuropsychology track Interns. When not at work at STVHCS or private practice, Dr. Highsmith enjoys spending time with his family and traveling.

#### **J. LEE HOOVER**

**EdD, Counseling Psychology, Western Michigan University, 1996**  
**Suicide Prevention Psychologist**

Dr. Hoover is the Suicide Prevention Psychologist for the South Texas Veterans Health Care System. In this capacity, he is involved in the coordination of care for veterans identified at high risk for suicide. He consults with providers across disciplines to determine patients' level of suicide risk and to assist in the coordination of treatment. He also provides training to VHA staff, trainees, and community stakeholders regarding the assessment and mitigation of risk for suicide and other self-harm. Moreover, Dr. Hoover is primary consultant to South Texas Health Care System administrators regarding the continued enhancement of care for veterans at risk of suicide; he recommends and implements changes to operating procedures regarding services to the high-risk population and provides direction to the work of the local Suicide Prevention Team.

Prior to serving in his present capacity with VA, Dr. Hoover worked for the Federal Bureau of Prisons as Chief of Psychology at various prisons around the country. During his 24-year tenure with BOP, he supervised the provision of mental health services for federal inmates, many of whom were actively suicidal or mentally ill. Dr. Hoover earned his doctoral degree in psychology from Western Michigan University in 1996 and is licensed to practice as a psychologist in both Arkansas and Texas.

#### **MARY KAYE JOHNSON, PsyD**

**Clinical Psychology, Chicago School of Professional Psychology**  
**Program Director, Substance Abuse Treatment Program (SATP)**

Dr. Mary Kaye Johnson is a proud native of Chicago, Illinois. Dr. Johnson graduated Summa Cum Laude from Tennessee State University and continued her journey to becoming a psychologist upon her acceptance into the Chicago School of Professional Psychology's Clinical Psychology Doctoral Program. While in graduate school, Dr. Johnson developed a particular interest in the fields of Forensic and Correctional Psychology. Such interests led her to complete practicum at various correctional facilities such as Stateville Correctional Center and the Metropolitan Correctional Center of Chicago. Collectively, these training experiences inspired Dr. Johnson to secure a competitive pre-doctoral internship with the Federal Bureau of Prisons (BOP) at the Federal Correctional Institution and Federal Detention Center of Tallahassee, Florida. Dr. Johnson remained with BOP as a Staff Psychologist with at the Federal Correctional Complex of Petersburg, Virginia. Dr. Johnson was subsequently promoted to Drug Abuse Program Coordinator (DAPC) at the Federal Prison Camp of Pensacola, Florida where she practiced until joining the Department of Veteran's Affairs in July 2013 as the Local Recovery Coordinator. In 2017, Dr. Johnson became the Director of SATP, where she continues to practice. Dr. Johnson's employment history also includes work as a Substance Abuse and Mental Health Services Administration (SAMSHA) intern, Mental Health Consultant, and Respite Worker.

In addition to her current clinical and professional duties with STVHCS, Dr. Johnson graciously serves as the ministry leader for the Kingdom Counseling Ministry (KCM) at Kingdom Life Christian Ministries, Inc., under the pastoral leadership of Apostle Tyronne McCreary and Pastor Tonya McCreary. She also possesses deep roots in social justice and can be found advocating diligently in the San Antonio area along with other community activists. Dr. Johnson aspires to acquire a private practice in the near future.



She possesses strong aspirations of publishing her original collection of poetry and expounding upon the literature and mental health treatment of individuals with histories of trauma and chronic illnesses such as HIV and AIDS. Dr. Johnson is also a proud member of Alpha Kappa Alpha Sorority, Incorporated and the daughter of a Vietnam Army Veteran. God and her 6-year-old son, Charleston, are her constant motivation in living a life of service and embodying servant leadership.

**KEVIN R. KURIAN**

**Ph.D., Clinical Psychology, Fuller Theological Seminary, 2016**

**Staff Psychologist, Villa Serena (Domiciliary)**

**Measurement-Based Care for Substance Use Disorders (MBC-SUD) Champion**

Dr. Kurian completed his internship at the University of Texas Health and Science Center San Antonio in partnership with Kerrville State Hospital, an inpatient forensic psychiatric hospital. He completed a post-doctoral work and directed the research program, resulting in a 2020 publication. During that time, he supervised numerous pre-doctoral interns, practicum students, and undergraduates. Dr. Kurian has also testified as an expert witness in county courtrooms. In 2018, Dr. Kurian transitioned to group practice, where he conducted assessments of children and adults across Texas associated with active Child Protective Services cases. Simultaneously, he also worked as a contractor for South Texas Veterans Health Care System as a psychological evaluator for VA police in hiring and annual reviews. In 2020, Dr. Kurian joined the clinical staff of STVHCS as a staff psychologist at Villa Serena, a domiciliary for the treatment of Veterans with substance use disorders and/or homelessness concerns. In his free time, Dr. Kurian enjoys a nap or cooking when his three children aren't climbing on top of him.

**JENNIFER A. LEMMER**

**Ph.D., Clinical Psychology, California School of Professional Psychology, San Diego, CA, 2013**

**MPH, Johns Hopkins School of Public Health, Baltimore, MD, 2007**

**ABPP, Clinical Psychology, 2019**

**Staff Psychologist, Polytrauma Transitional Rehabilitation Program (PTRP) and Post-deployment Accelerated Comprehensive Evaluation and Rehabilitation (PACER) Program**

Dr. Lemmer is a California native who worked in various medical settings before pursuing the rewarding work of a Clinical Psychologist. As a result she enjoys working as a psychologist in medical and rehabilitation settings where she can work side-by-side with interdisciplinary teams to enhance an individual's recovery through psychosocial interventions. Her graduate training included studies in public health where she earned her MPH with an emphasis on interventions for trauma-exposed children and clinical psychology where she obtained her Ph.D. (general track) with a focus on assessment and treatment of individuals exposed to childhood and combat trauma. She completed her pre-doctoral internship (general mental health) at the WJB Dorn VA Medical Center in Columbia, South Carolina in 2013 and then joined the staff at the Central Texas Veterans Health Care System as a member of the Posttraumatic Stress Disorder Clinical Team (PCT). She expanded her training to include rehabilitation psychology services after transferring to the South Texas Veterans Health Care System Polytrauma team in 2015. She became board certified (ABPP) in Clinical Psychology in 2019. Currently she supervises the residential interdisciplinary experiences of the PTRP rotation which provides assessment and psychotherapy services for Veterans and active duty service members with brain injuries and the new PACER rotation that focuses on optimizing health for high performing active duty service members with histories of multiple deployments, concussions, and musculoskeletal injuries. Her clinical and research interests include trauma-related disorders across the lifespan, psychological adjustment after injury, interventions for disruptive behavior disorders, and the integration of trauma and attachment theories. When not working you will find her outdoors exploring with her family and friends, crossfitting, hiking, running, or planning her next travels.

**JANICE C. MARCEAUX**

**PH.D., Medical/Clinical Psychology, University of Alabama at Birmingham, 2011**

**Neuropsychology Consultation Service**

## **APPB, Clinical Neuropsychology**

Dr. Marceaux is a staff neuropsychologist and the Clinic Director of the Neuropsychology Consult Service. She earned her PhD from the University of Alabama at Birmingham (UAB), completed her internship training in neuropsychology through the Central Arkansas Veterans Healthcare System, and completed her two-year postdoctoral fellowship at the South Texas Veterans Health Care System. She completed a one-year doctoral fellowship through the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program at the Civitan-Sparks Clinics. Her clinical and research interests are broad, including neuropsychological assessment of adults across the lifespan, particularly those with a wide range of medical, psychosocial, and psychiatric issues. Her clinical intervention activities include individual and family feedback and cognitive intervention, as well as group cognitive rehabilitation/stimulation therapy. Her current research interests involve investigating the utility of a dementia treatment program in the VA clinical setting, as well as the psychometric analysis and clinical utility of cognitive and functional measures.

## **EMMA L. MATA-GALÁN**

**Psy.D., Counseling Psychology, Our Lady of the Lake University, 2003**

**Chief of Psychology**

Dr. Mata-Galán is a graduate of our internship and postdoctoral training program. Her training and past experience consist of treating trauma survivors, running bilingual interdisciplinary pain management programs in Dallas, testing of monolingual patients, and group work with sex offenders. Currently she works at the MHOS clinic treating trauma for men and women. Dr. Mata-Galán currently conducts Cognitive Processing Therapy which combines weekly individual and group psychotherapy for chronic PTSD patients and is a VISN 17 CPT Trainer. She provides therapy in Spanish for Veterans and families on an as-needed basis. Dr. Mata-Galan also enjoys presenting to community agencies annually like the San Antonio Police Academy cadets and most recently to the mental health staff of the Correctional Managed Care System in Huntsville, Texas. She has been an adjunct professor at Our Lady of the Lake University teaching in the areas of consultation for mental health clinicians, the mental health needs of returning Veterans and multiculturalism. Currently she is a Clinical Assistant Professor for the Department of Psychiatry at the University of Texas Health Science Center in San Antonio and is an APA site visitor for the Commission on Accreditation. On her free time she enjoys spending time with her family, running and anything that promotes good self-care.

## **VERONICA McCLEAN**

**Ph.D., Counseling Psychology, The Ohio State University, 2006**

**South Texas Primary Care Mental Health Integration Section Chief**

**Primary Care Psychologist, Internal Medicine Clinic - Audie L. Murphy**

**Primary Care/Behavioral Health Behavioral Health Resident Preceptor**

Dr. McClean received her Ph.D. in Counseling Psychology from The Ohio State University and completed her pre-doctoral internship at the University of Maryland Counseling Center where she gained specialty training in multicultural and diversity issues in counseling and supervision. She completed a postdoctoral residency in Clinical Psychology with a specialty in Health Psychology. In her role as the Primary Care Mental Health Integration (PCMHI) Section Chief at the South Texas Veterans Health Care System (STVHCS), she is responsible for the development and implementation of the PCMHI program across all seven Primary Care clinics in South Texas. As the VISN 17 PCMHI Co-Chair and Center for Integrated

Healthcare VISN PCMH Competency Trainer, she assists with program implementation throughout the VISN. Locally, she has served in the role of Assistant Training Director for the APA-accredited pre-doctoral and post-doctoral Psychology training programs at STVHCS and continues to serve as the Primary Care-Health Psychology Postdoctoral Resident Preceptor. Prior to joining the team at South Texas, she was on the APA-accredited PsyD faculty at Our Lady of the Lake University's Psychology Department. Her theoretical orientation, grounded in modern psychodynamic theory, draws heavily from interpersonal and multicultural perspectives. Additionally, she often incorporates cognitive-behavioral and mind-body therapy, especially for shorter term therapy. Her clinical interests include prevention and management of chronic illness, insomnia, and cross-cultural competencies in therapy, training, and supervision. She has done research in the areas of cross-cultural competence in therapy and supervision and career development among persons of color. When she is not at work, she enjoys spending time with family and friends, running, traveling, learning about home interior decorating and architecture, and cooking for any brave souls that are willing to try her healthy creations!

**KARIN J.M. McCOY**

**Ph.D., Clinical & Health Psychology, University of Florida, 2004**

**Director, Clinical Psychology Fellowship & Clinical Neuropsychology Fellowship**

**Program Manager, Neuropsychology**

**ABPP, Clinical Neuropsychology**

Dr. McCoy has been board certified in Clinical Neuropsychology by the American Board of Professional Psychology (ABPP) since 2009. She completed her internship training at the Memphis Veterans Administration Hospital in Memphis, TN and two years of postdoctoral training in neuropsychology at South Texas Veterans Health Care System. After two years on faculty in the Department of Neurosurgery at The University of Texas Health Science Center at San Antonio, she returned to the South Texas VA as director of the Neuropsychology Consult Service. Under her leadership, Neuropsychology Service has expanded from 1.25 to 7 full-time neuropsychologists and the Neuropsychology Training program has doubled, from 2 to 4 postdoctoral residents. In addition to administration and supervision activities, Dr. McCoy is active in the neuropsychology research program headed by Dr. Marceaux. Dr. McCoy's ongoing research interests reflect the clinical needs of the setting; she is actively investigating the utility of symptom validity measures in the clinic population as well as exploring the utility of various naming tests in bilingual patients. She was recognized by the National Academy of Neuropsychology in 2013 with the Early Career Service.

**JESSE A. MCPHERRON**

**Ph.D., Clinical & Gero Psychology, University of Alabama, 2015**

**Staff Psychologist**

**GEM Clinic Audie L. Murphy**

**VISN 17 Geriatric Mental Health Champion**

Dr. McPherron completed both internship and one year of postdoctoral training at the South Texas Veterans Health Care System. Training in both graduate school and during fellowship involved specialty training regarding geropsychology in line with the Pike's Peak model of training. After completing training he started work as a staff psychologist at STVHCS working in the Geriatric Evaluation and Management clinic providing a mixture of clinical intervention and geriatric neuropsychological evaluation. He has been active in training with both the internship and postdoctoral fellowship programs at STVHCS. He also serves as the VISN 17 Geriatric Mental Health Champion since Summer 2019. He serves VISN 17 as part of a national effort aimed at improving mental health services for older adult Veterans.

**LAUREN M. OROZCO**

**Ph.D., Counseling Psychology, Texas A&M University, 2010**  
**Intensive Community Mental Health Recovery (ICMHR)**

Dr. Orozco completed her doctoral internship at the VA Puget Sound in Tacoma, Washington and her postdoctoral fellowship in psychosocial rehabilitation for serious mental illness at the Central Texas VA. She joined the STVHCS team in August of 2011 as the ICMHR psychologist and her primary clinical duties include individual and family therapy, recovery planning, case management, and community-based interventions with Veterans with serious mental illness. She has also provided counseling and assessment services at a university counseling center, inpatient psychiatry, adult probation services, and a local rape crisis center. Dr. Orozco's clinical interests include serious mental illness and intervention for first episode psychosis, psychosocial rehabilitation and recovery, sexual trauma, and multicultural issues. In her spare time, Dr. Orozco enjoys being a wife and a mommy, all food (especially Thai and Indian), gymnastics and dance, and watching Texas Rangers Baseball.

**BRENDA J. PENCE**

**Psy.D. Clinical Psychology, Baylor University, 2005**  
**Clinical Psychologist, Behavioral Health Interdisciplinary Program (BHIP),**  
**Telemental Health**

Dr. Pence completed her pre-doctoral internship at the North Texas Veterans Healthcare System (NTVHCS) where she focused on interest areas in Military Sexual Trauma, general mental health, individual and group psychotherapy, and trauma focused treatment. In her postdoctoral fellowship year and first year of licensed practice, Dr. Pence provided comprehensive psychological assessments within an outpatient practice and as a consultant to Laurel Ridge Treatment Center. Dr. Pence worked for nearly five years at the University of Texas at San Antonio Counseling Services as a counseling psychologist and coordinator of their psychological testing and assessment program where she provided individual and group psychotherapy and psychological assessment to university students while serving on the training committee and providing clinical supervision to postdoctoral fellows. Dr. Pence joined the STVHCS in 2012 and currently serves as a clinical psychologist for the Behavioral Health Interdisciplinary Program (BHIP) program providing evidence based psychotherapy to veterans using clinical video telehealth (CVT) technology. She is part of an integrated care team, which includes psychiatry, psychology, social work, and nursing clinical staff. Dr. Pence maintains a caseload of acute/high intensity Veterans and utilizes treatment approaches to include Cognitive Behavior Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy, Acceptance and Commitment Therapy, and Dialectical Behavior Therapy. In her free time, Dr. Pence enjoys spending time with her husband and kids, exercising, and traveling.

**ALLYSON RUHA**

**Psy.D., Clinical Psychology, Nova Southeastern University, 2002**  
**Clinical Internship Training Director**  
**Section Chief, Psychosocial Rehabilitation and Recovery Center (PRRC)**

Dr. Ruha earned her doctorate in clinical psychology at Nova Southeastern University in Ft. Lauderdale, Florida. She completed her internship training at the University of Massachusetts Medical Center/Worcester State Hospital in 2002. In 2006, she joined STVHCS as a staff psychologist with the Intensive Community Mental Health Recovery (ICMHR) Program. In 2010, she became the Program Director for the Psychosocial Rehabilitation and Recovery Center (PRRC). Under the PRRC, Dr. Ruha manages the South Texas Acute Rehabilitation and Recovery Center (STARR) for Veterans with acute/high intensity mental health needs and the Stepping Stones program for Veterans with serious mental illness. Dr. Ruha has been involved in psychology training since 2007; previously as Residency Coordinator and Assistant Training Director; and since 2014 as Training Director for the Clinical

Internship Program. She has been involved in local and national psychological associations, serving as President of the Bexar County Psychological Association from 2011-2012, Membership Chair to APA's Division 18, Psychologists in Public Service from 2008-2010, and Secretary/Treasurer to Division 18's VA Section from 2012-2013. More recently, she has served the VA Psychology Training Committee (VAPTC) and the Association for VA Psychologist Leaders' mentoring programs for newer Training Directors and Early Career Psychologists. During non-work hours, Dr. Ruha enjoys family time, training for her next Rock and Roll ½ marathon in new and interesting locations, and traveling whenever possible.

#### **VICTOR RICO**

**Ph.D., Counseling Psychology, University of Texas at Austin, 2011**

**Staff Licensed Psychologist, Behavioral Health Interdisciplinary Program**

Victor Rico, Ph.D. received his doctoral degree from The University of Texas, Austin in 2011. Dr. Rico completed his APA approved clinical psychology internship with Children's Institute Inc., providing bilingual (English and Spanish) evidence-based outpatient mental health services to children and families, behavioral consultation in pre-school settings, and group therapy for men under the Project Fatherhood program. Dr. Rico continued his work in community mental health with Pacific Clinics East in Monrovia, Didi Hirsch Outpatient Mental Health -Inglewood, and UCLA TIES For Families, providing evidence-based treatment interventions to children, adolescents, and families. Specific areas of clinical and research interest include ethnic identity, sexual orientation identity, underserved populations with post-traumatic stress, and providing evidence-based interventions to community settings and underserved populations. Dr. Rico joined the South Texas VA BHIP program in December 2019.

#### **RICHARD B. ROBERSON, III**

**Ph.D., Counseling Psychology, Texas A&M University**

**Primary Care Mental Health Integration**

**Frank Tejada Outpatient Clinic**

Dr. Roberson earned his Bachelor's degree in psychology from California State university of Long Beach and his Masters' of Science and Doctorate at Texas A&M University. He completed his internship training at the Los Angeles Ambulatory Care Center in Los Angeles, California in 2015 and completed his postdoctoral fellowship training at the New Orleans VA with a specialization in PCMH and minors in pain and trauma in 2016. Dr. Roberson joined STVHCS as a staff psychologist with Primary Care Mental Health Integration in 2016. He has been involved in the psychology internship and residency training programs as a supervisor since 2019. His supervision style is grounded in CBT and Socratic questioning. A few clinical areas Dr. Roberson enjoys working within include behavioral sleep medicine, chronic pain, mindfulness interventions, trauma, and CBT interventions in primary care, such as Acceptance and Commitment Therapy (ACT) and Brief CBT for depression. During his personal time, Dr. Roberson enjoys spending time with friends and family, listening to podcasts, reading, biking, and learning about finance, financial investing, and behavioral finance.

#### **AVEN SENTER**

**Ph.D., Counseling Psychology, Texas Tech University, 2006**

**Section Chief- KD, NCF, and SBO BHIP**

Dr. Senter completed his internship and postdoctoral residency training with the Federal Bureau of Prisons. He subsequently held positions as the Trauma Treatment Program Coordinator and Drug Abuse Program Coordinator within the federal prison system prior to joining the STVHCS psychology team. He is published in the areas of psychologist burnout and correctional psychology. His clinical interests include treatment of dual diagnosis, complex PTSD, and severe mental illness. His theoretical orientation is an integrative approach combining cognitive-behavioral, interpersonal, and reality therapy.

**KEVIN SETHI**

**Ph.D., Clinical Psychology, University of North Texas, 2016**  
**Home Based Primary Care Program**

Dr. Sethi completed his Doctorate in Clinical Psychology at the University of North Texas in 2016, with an emphasis in Clinical Health Psychology. During his time at the University of North Texas, he was mentored by Daniel Taylor, Ph.D., as member of the Insomnia Research Laboratory, and completed his masters and doctoral research in the area of assessment of sleep. He completed his predoctoral Internship at the University of Oklahoma Health Science Center consortium, completing rotations at the Oklahoma City VA, University of Oklahoma Children's Hospital, and the University of Oklahoma Child Study Center. It was during this time that he developed an interest in work with older adults, and he remained in Oklahoma to complete his postdoctoral residency in Geropsychology at the Oklahoma City VA. He moved to San Antonio in 2017 to join the STVHCS Home Based Primary Care (HBPC) service as staff psychologist. HBPC is comprised of interdisciplinary teams providing in-home services to veterans with complex medical needs that require more care than is appropriate for routine clinic based appointments. Dr. Sethi provides a broad range of psychological services to help Veterans, caregivers, and our HBPC teams manage Veterans' mental health needs. In addition to his work in HBPC, Dr. Sethi is also a member of the Psychology Service Employee Engagement Workgroup. Outside of work, Dr. Sethi enjoys spending time with his spouse and their two dogs. He has recently developed a love of running as an active member of a local running group. He married a Texan, which means he is married to Texas, but grew-up in the Philadelphia area and loudly roots for the Eagles, 76ers, Flyers, and Phillies.

**KRISTY SHOJI**

**Ph.D., Clinical Psychology, University of Alabama**  
**Clinical Geropsychologist**  
**Kerrville Division**

Dr. Shoji earned her Master's degree in psychology from Wake Forest University in Winston-Salem, North Carolina and her Doctorate degree in clinical psychology at the University of Alabama in Tuscaloosa, Alabama, with a concentration in geropsychology. She completed a geropsychology internship and postdoctoral fellowship at STVHCS. Dr. Shoji joined STVHCS as a staff psychologist working with the palliative care team and CLC in 2017. She is currently the clinical geropsychologist for the Kerrville CLC's which is comprised of four neighborhoods, including a locked dementia neighborhood. She also completes gero-neuropsychological evaluations for Kerrville outpatients. Clinical areas of interest include cognitive and capacity assessment, behavioral interventions for severe dementia, and hospice/palliative care. Outside of work, Dr. Shoji loves being a mother and partner, spending time with family, cooking, crafting, and taking spin/barre classes.

**ANNA H. SMITHERMAN**

**Ph.D, Clinical Psychology, University of Alabama**  
**Department of Physical Medicine & Rehabilitation**

Dr. Smitherman received her doctoral degree in clinical psychology with an emphasis in clinical health psychology from the University of Alabama. She completed her clinical internship at the Cincinnati VAMC and postdoctoral training in Primary Care Mental Health Integration/Health Psychology at STVHCS. After fellowship, she worked as the embedded health psychologist in the Urology Clinic at Brooke Army Medical Center working primarily with patients experiencing concerns about sexual functioning and urologic cancers. She joined STVHCS as a staff psychologist in 2018 in the Department of Physical Medicine & Rehabilitation as part of the Tele-rehabilitation Enterprise Wide Initiative (TREWI). In this role, she receives referrals from the outpatient Polytrauma Network Site (PNS), Amputee Clinic, Musculoskeletal Clinic, and more. In her spare time she enjoys spending time with her husband, toddler, and house full of animals, and trying desperately to get enough sleep.



**JORDAN SNOW**

**Psy.D., Clinical Psychology, Nova Southeastern University, 2017**  
**Inpatient Staff Psychologist**

Dr. Snow earned his Doctorate in clinical psychology from Nova Southeastern University in Fort Lauderdale, Florida. He completed his internship training at VA Maine Healthcare System in Augusta, Maine from 2016-2017. He then completed postdoctoral training at the James A. Haley Veterans' Hospital in Tampa, Florida from 2017-2018. Dr. Snow joined the STVHCS as a staff psychologist in February 2020 in his current position on the inpatient mental health units (GLA and GLB). Previously, Dr. Snow was the lead trauma psychologist for a private residential dual diagnosis facility in South Florida. His clinical interests include the treatment of complex PTSD and serious mental illness. In his free time, Dr. Snow enjoys spending time with family and friends, attending concerts, and watching hockey as a loyal Dallas Stars fan.

**DANIEL STEINBERG**

**Ph.D., University of North Texas**  
**Clinical Psychologist, Primary Care Mental Health Integration (PCMHI)**

Dr. Steinberg received his PhD in clinical psychology from the University of North Texas, and completed his internship and postdoctoral fellowship with the South Texas Veterans Healthcare System. Currently, he works in Primary Care Mental Health Integration (PCMHI) at the Audie L. Murphy Internal Medicine Clinic. His primary theoretical orientation is rooted in the philosophy of functional contextualism, and includes an interest in third-wave behavior therapies such as Acceptance and Commitment Therapy (ACT), and Functional Analytic Psychotherapy (FAP). In his free time, Dr. Steinberg enjoys hiking, camping, and reading science fiction.

**AMANDA WETEGROVE-ROMINE**

**Psy.D., Counseling Psychology, Our Lady of the Lake University, 2015**  
**SUD/Homelessness Preceptor**  
**Staff Psychologist, HPACT**  
**Eating Disorder Program Team Lead**

Dr. Wetegrove-Romine completed her internship training at VA Valley Coastal Bend Health Care System in Harlingen, Texas from 2014-2015. The following year, she completed her fellowship at South Texas Veterans Health Care System, with a continued focus in rural mental health in Kerrville. Dr. Wetegrove-Romine currently serves in multiple roles: Psychologist on the Homeless Patient Aligned Care Team (HPACT), individual and group therapist in the Dialectical Behavior Therapy (DBT) program, and team lead for the Eating Disorders program. Dr. Wetegrove-Romine recently completed her term as President of the Bexar County Psychological Association and is currently on the social justice committee for the Texas Psychological Association. Outside of VA work, Dr. Wetegrove-Romine teaches people about the mental health benefits of nature and greenspaces. She enjoys trail running and hammock camping and is on a mission to visit all 61 US National Parks.

**MIGUEL A. YBARRA**

**Ph.D., Counseling Psychology, University of Wisconsin-Madison, 2000**  
**Training Director, Clinical Psychology Postdoctoral Fellowship**  
**Section Chief, BHIP Audie L Murphy Hospital & Telemental Health Program**

Dr. Ybarra's therapeutic approach follows an integrated and brief psychodynamic psychotherapy orientation (Adlerian) and emphasizes a social constructivist perspective in the exploration of wellness and preventative strategies in working with presenting the issues. His early clinical experiences include work at the Howard University Counseling Center, the Howard University Hospital Department of Surgery's Transplant Service (Kidney/Liver), and at the Superior Court of the District of Columbia in the psychological assessment of children and adolescents. Dr. Ybarra's professional experiences also include: University counseling centers, academic consulting; business consulting; full-time teaching

(undergraduate/masters/doctoral); and full-time clinical work. Dr. Ybarra is currently the Training Director of the Clinical Psychology Postdoctoral Fellowship, and Section Chief of BHIP at the main hospital facility (Audie L. Murphy) and the Telemental Health Program. Research interests include persistence decisions among college students, ethnic diversity/multicultural issues, and the intersection of ethnicity and health/mental health. Dr. Ybarra enjoys spending time with family, watching movies, and traveling throughout the State of Texas.

## ***Trainees***

*All trainees listed have given permission for their information to be published.*

CURRENT TRAINEES: Who's here now ...

CURRENT INTERNS 2020-2021	
Neuropsychology: Jameson Beach University of South Alabama	
Geropsychology: JoAnna Dieker University of Colorado	
Primary Care/Behavioral Health: Daisy Ceja Our Lady of the Lake University	
Trauma Psychology: Alejandra Reyna University of Wyoming	
General Mental Health: Cassandra Marks Oklahoma State University	
Serious Mental Illness Psychology: David Cregg Ohio State University	
Rural Mental Health Psychology: Amber Moreland Fielding Graduate University	

PAST TRAINEES: Who they are, where they're from...

<b>PAST INTERNS 2019-2020</b>	<b>PAST INTERNS 2018-2019</b>
Neuropsychology: Bonnie Scott University of Florida	Neuropsychology: Chrystal Fullen Our Lady of the Lake University (Counseling)
Geropsychology:	Geropsychology: Mary Dozier San Diego State University/UC-San Diego (Clinical)
Primary Care/Behavioral Health: Olga Galli University of Pennsylvania	Primary Care/Behavioral Health: Rebecca Shorter University of Tennessee- Knoxville (Clinical)
Trauma Psychology: Laurie Russel Baylor University	Trauma Psychology: Christine Breazeale Southern Illinois University (Clinical)
General Psychology: Jasmonae Blodgett University of Denver	General Psychology: Julia Lopez Nova Southeastern University (Clinical)
Serious Mental Illness Psychology: Christina Thai University of Maryland	Serious Mental Illness Psychology: Patrick Smith University of North Texas (Clinical)
Rural Mental Health Psychology: Mercedes Gremillion Louisiana Tech University	Rural Mental Health Psychology: Ryan Andresen Chicago School of Professional Psychology (Clinical)

<b>INTERNS 2017-2018</b>	<b>INTERNS 2016-2017</b>
Neuropsychology: Troy Webber University of South Florida (Clinical)	Neuropsychology: Octavio Santos University of Wisconsin (Clinical)
Geropsychology: Whitney Stubbs University of Memphis (Counseling)	Geropsychology: Tania Rendon Texas A&M University (Counseling)
Primary Care/Behavioral Health Psychology: Jamey Rislin New Mexico State University (Counseling)	Primary Care/Behavioral Health Psychology: Carey Pulverman University of Texas at Austin (Clinical)
Trauma Psychology: Natalie Rochester Tennessee State University (Counseling)	Trauma Psychology: Reginald Riggins Jackson State University (Clinical)
General Mental Health: Ashlee Martinez Our Lady of the Lake University (Counseling)	General Psychology: Kelsey Sprang Nova Southeastern University (Clinical)

Serious Mental Illness Psychology: Jared Roush Texas Tech University (Clinical)	Serious Mental Illness Psychology: William Hunter Baylor University (Clinical)
Rural Mental Health Psychology: Daniel Steinberg University of North Texas (Clinical)	Rural Mental Health Psychology: Robyn Campbell University of North Texas (Counseling)

2015-2016 INTERNS	2016-2017 POSTDOCS
Neuropsychology: Dev Ashish University of Arizona, (Clinical)	Psychosocial Rehabilitation: Olga Rogachevsky, PsyD. Texas A&M University (Counseling)
Geropsychology: Kristy Shoji University of Alabama, Tuscaloosa (Clinical)	Neuropsychology (Yr 2): Jonathan Highsmith, Ph.D. East Carolina University (Clinical)
Primary Care Psychology: Melanie Longhurst Texas Tech University (Counseling)	Neuropsychology (Yr 2): David Andrés Gonzalez, Ph.D. University of North Texas (Clinical)
Trauma Psychology: Regina Vanburg Our Lady of the Lake University (Counseling)	Neuropsychology (Yr 1): Kenneth "Chase" Bailey, Ph.D. University of Oklahoma (Counseling)
General Psychology: Nicholas Crow Our Lady of the Lake University (Counseling)	Neuropsychology (Yr 1): Audrey Kossman, PsyD. Pacific Graduate School of Psychology (Clinical)
General Psychology: Paul Hutman Illinois Institute of Technology (Clinical)	Trauma Psychology: Jessica Domino, Ph. D. Auburn University (Clinical)
	Palliative Care: Martha Combs, Ph.D. University of Alabama (Clinical)
	Geropsychology: Jesse McPherron, Ph.D. University of Alabama (Clinical)
	Primary Care Psychology: Desire Taylor, Ph.D. University of Texas (Clinical)
	Rural Mental Health Psychology: Chelsea Thomas, PsyD. Regent University (Clinical)
	Rural Mental Health Psychology: Amanda Wetegrove- Romine, PsyD Our Lady of the Lake University (Counseling)

	Substance Abuse Disorder and Homelessness: Ryan Creech, PsyD. Xavier University (Clinical)
	Health Psychology and Behavior Sleep Medicine: Christine Snyder Ph.D. Utah State University (Combined)

2014-2015 INTERNS	2015-2016 POSTDOCS
Neuropsychology: Juliette Galindo University of Alabama, Birmingham (Clinical)	Psychosocial Rehabilitation: Gerardo Gonzalez, Ph.D. Texas A&M University (Counseling)
Geropsychology: Jesse Mc Pherron University of Alabama, Tuscaloosa (Counseling)	Neuropsychology (Yr 1): Jonathan Highsmith, Ph.D. East Carolina University (Clinical)
Primary Care Psychology: Christine Synder Utah State University (Clinical & Counseling)	Neuropsychology (Yr 1): David Andrés Gonzalez, Ph.D. University of North Texas (Clinical)
Trauma Psychology: Jessica Domino Auburn (Clinical)	Neuropsychology (Yr 2): Jeffrey Sordahl, Psy.D. George Fox University (Clinical)
General Psychology: Ryan Creech Xavier University (Clinical)	Rural Mental Health Psychology: Julia Hernandez, Ph.D. Palo Alto University (Clinical)
	Trauma Psychology: Will Elder, Ph.D. University of Utah (Counseling)
	Palliative Care: Samuel Dreeben, Ph.D. University of Louisville (Clinical)
	Geropsychology: Shalagh Frantz, Psy.D. Wright State University (Clinical)
	Primary Care Psychology: Anna Smitherman, Ph.D. University of Alabama (Clinical)
2013 - 2014 INTERNS	2013 - 2014 POSTDOCS
Neuropsychology: David Gonzalez University of North Texas (Clinical) Neuropsychology Postdoctoral Resident	Primary Care Psychology: Cory Patrick University of (Clinical)
Geropsychology: John McConnell Ball State University (Counseling) Neuropsychology Postdoctoral Resident	Neuropsychology (Yr 1): Jeffrey Sordahl George Fox University (Clinical) STVHCS Neuropsychology (Yr 2) Postdoc

Primary Care Psychology: Melissa Wagner Arizona State University (Counseling)	Neuropsychology (Yr 2): Valerie Balldin Texas Tech University (Clinical) Staff Neuropsychologist
Trauma Psychology: William Elder University of Utah (Counseling) STVHCS Trauma Psychology Postdoc	Rural Mental Health Psychology: Michael Thomas University of (Clinical)
General Psychology: Gerardo Gonzalez Texas A&M University (Counseling) STVHCS Psychosocial Rehabilitation Psychology Postdoc	Trauma Psychology: Lance Chamberlain University of Houston (Clinical) VA Staff Psychologist
	Palliative Care: Kristen Vega Our Lady of the Lake University (Counseling) VA Staff Psychologist
	Palliative Care: Elaine Hess University of Texas (Counseling) VA Staff Psychologist
<b>2013 - 2014 INTERNS</b>	<b>2013 - 2014 POSTDOCS</b>
Neuropsychology: David Gonzalez University of North Texas (Clinical) <i>Neuropsychology Postdoctoral Resident</i>	<i>Primary Care Psychology: Cory Patrick University of (Clinical)</i>
Geropsychology: John McConnell Ball State University (Counseling) <i>Neuropsychology Postdoctoral Resident</i>	Neuropsychology (Yr 1): Jeffrey Sordahl George Fox University (Clinical) <i>STVHCS Neuropsychology (Yr 2) Postdoc</i>
Primary Care Psychology: Melissa Wagner Arizona State University (Counseling)	Neuropsychology (Yr 2): Valerie Balldin Texas Tech University (Clinical) <i>Staff Neuropsychologist</i>
Trauma Psychology: William Elder University of Utah (Counseling) <i>STVHCS Trauma Psychology Postdoc</i>	Rural Mental Health Psychology: Michael Thomas <i>University of (Clinical)</i>
General Psychology: Gerardo Gonzalez Texas A&M University (Counseling) <i>STVHCS Psychosocial Rehabilitation Psychology Postdoc</i>	Trauma Psychology: Lance Chamberlain University of Houston (Clinical) <i>VA Staff Psychologist</i>
	Palliative Care: Kristen Vega Our Lady of the Lake University (Counseling) <i>VA Staff Psychologist</i>
	Palliative Care: Elaine Hess University of Texas (Counseling)

	VA Staff Psychologist
<b>2012 - 2013 INTERNS</b>	<b>2012 - 2013 POSTDOCS</b>
Neuropsychology: Erin Logue Texas Tech University (Clinical) <i>Neuropsychology Postdoctoral Resident</i>	Primary Care Psychology: Lauren Koep Baylor University (Clinical) <i>STVHCS Staff Psychologist</i>
Geropsychology: Alissa Kolb University of Indianapolis (Clinical) <i>VA Rehabilitation Psychology Postdoc</i>	Neuropsychology (Yr 1): Valerie Balldin Texas Tech University (Clinical) <i>STVHCS Neuropsychology (Yr 2) Postdoc</i>
Primary Care Psychology: Jake Williams University of Florida (Clinical)	Neuropsychology (Yr 2): Janice Marceaux University of Alabama - Birmingham (Clinical) <i>STVHCS Staff Neuropsychologist</i>
Trauma Psychology: Lance Chamberlain University of Houston (Clinical) <i>STVHCS Trauma Psychology Postdoc</i>	Palliative Care: Philip Haley University of Alabama - Tuscaloosa (Clinical) <i>VA Staff Psychologist</i>
	Trauma Psychology: Tim Emge University of Nebraska - Lincoln (Clinical) <i>VA Staff Psychologist</i>
	Rural Mental Health Psychology: Denise Herbst Argosy University - Minnesota (Clinical) <i>VA Staff Psychologist</i>
<b>2011-2012 INTERNS</b>	<b>2011-2012 POSTDOCS</b>
Neuropsychology: Emily Luther University of Texas - Austin (Clinical) <i>Private Practice</i>	Primary Care Psychology: Christine Leyva University of Texas - Austin (Clinical) <i>VA Primary Care Psychologist</i>
Geropsychology: Philip Haley University of Alabama - Tuscaloosa (Clinical) <i>STVHCS Palliative Care Postdoc</i>	Neuropsychology (Yr 1): Janice Marceaux University of Alabama - Birmingham <i>STVHCS Neuropsychology (Yr 2) Postdoc</i>
Primary Care Psychology: Lauren Koep Baylor University (Clinical) <i>STVHCS Primary Care Psychology Postdoc</i>	Neuropsychology (Yr 2): Robert Fallows Argosy University (Clinical) <i>Private Medical Center Staff Neuropsychologist</i>
Trauma Psychology: Tim Emge University of Nebraska - Lincoln (Clinical) <i>STVHCS Trauma Psychology Postdoc</i>	Palliative Care Psychology: Melissa Talamantes Our Lady of the Lake University (Counseling) <i>VA Staff Psychologist</i>
	Trauma Psychology: Anushka Pai University of Texas - Austin (Clinical) <i>VA Staff Psychologist</i>

	Rural Mental Health Psychology: Meghan Von Linden St. Louis University (Clinical)
<b>2010-2011 INTERNS</b>	<b>2010-2011 POSTDOCS</b>
Neuropsychology: Justin O'Rourke University of Iowa (Counseling) <i>Neuropsychology Postdoctoral Resident</i>	Primary Care Psychology: Brandon Kyle West Virginia University (Clinical) <i>Academic Professor</i>
Geropsychology: Melissa Talamantes Our Lady of the Lake University (Counseling) <i>STVHCS Palliative Care Postdoc</i>	Neuropsychology (Yr 1): Robert Fallows Argosy University (Clinical) <i>STVHCS Neuropsychology (Yr 2) Postdoc</i>
Primary Care Psychology: Charlene Key Texas Tech University (Clinical) <i>Private Practice</i>	Neuropsychology (Yr 2): Russell Pella Louisiana State University (Clinical) <i>University Medical Center Staff Neuropsychologist</i>
Trauma Psychology: Anushka Pai University of Texas - Austin (Clinical) <i>STVHCS Trauma Psychology Postdoc</i>	Palliative Care Psychology: Sarah Stewart West Virginia University (Clinical) <i>Private Practice</i>
	Trauma Psychology: Patricia Metzger University of Wyoming (Clinical) <i>VA Staff Psychologist</i>
	Rural Mental Health Psychology: Jeremy Henn University of Illinois at Urbana-Champaign (Clinical)
<b>2009-2010 INTERNS</b>	<b>2009-2010 POSTDOCS</b>
General Psychology: Ann Marie Hernandez Indiana University - Purdue University Indianapolis (Clinical) <i>Postdoctoral Resident in PTSD</i>	Primary Care Psychology: Lance Kelley Auburn University (Clinical) <i>VA Staff Psychologist</i>
Geropsychology: Sarah Stoner West Virginia University (Clinical) <i>STVHCS Palliative Care Postdoc</i>	Neuropsychology (Yr 1): Russell Pella Louisiana State University (Clinical) <i>STVHCS Neuropsychology (Yr 2) Postdoc</i>
Primary Care Psychology: Brandon Kyle West Virginia University (Clinical) <i>STVHCS Primary Care Postdoc</i>	Neuropsychology (Yr 2): Tammy Hietpas-Wilson University of Missouri-Kansas City (Counseling) <i>Private Practice</i>
Trauma Psychology: Patricia Metzger University of Wyoming (Clinical) <i>STVHCS Trauma Psychology Postdoc</i>	Palliative Care Psychology: James Rodgers University of Louisville (Clinical) <i>VA Staff Psychologist</i>
	Trauma Psychology: Liza Maldonado Baylor University (Clinical) <i>STVHCS Staff Psychologist</i>



2008-2009 INTERNS	2008-2009 POSTDOCS
General Psychology: Christopher Chuick University of Iowa (Counseling) <i>VA Staff Psychologist</i>	Neuropsychology (Yr 2): Shalanda Gordon Howard University (Clinical) <i>VA Staff Psychologist</i>
Primary Care Psychology: Lance Kelley Auburn University (Clinical) <i>STVHCS Primary Care Postdoc</i>	Primary Care Psychology: Jeremy Capello University of Texas (Counseling) <i>STVHCS Staff Psychologist</i>
Trauma Psychology: Liza Maldonado Baylor University (Counseling) <i>STVHCS Trauma Postdoc</i>	Rural Mental Health Psychology:
Geropsychology: James Rodgers University of Louisville (Clinical) <i>STVHCS Palliative Care Postdoc</i>	Palliative Care Psychology: Kristin Reed University of North Texas (Clinical Health) <i>VA Staff Psychologist</i>
	Neuropsychology (Yr 1): Tammy Hietpas-Wilson University of Missouri-Kansas City (Counseling) <i>STVHCS Neuropsychology Postdoc (Yr 2)</i>
	Trauma Psychology: Bertha Rodarte-Luna University of Texas (Counseling) <i>Private Practice</i>
2007-2008 INTERNS	2007-2008 POSTDOCS
Primary Care Psychology: Jeremy Capello University of Texas (Counseling) <i>STVHCS Primary Care Postdoc</i>	Neuropsychology (Yr 1): Shalanda Gordon Howard University (Clinical) <i>STVHCS Neuropsychology Postdoc (Yr 2)</i>
Geropsychology:	Primary Care Psychology: Jon Grizzle Texas A&M University <i>Dept. of Defense Psychologist</i>
General Psychology: Bertha Rodarte-Luna University of Texas (Counseling) <i>STVHCS Trauma Postdoc</i>	Primary Care Psychology: Karen Hubbard University of Alabama <i>VA Staff Psychologist</i>
	Palliative Care Psychology: Sarah Reimer Ohio State University (Counseling) <i>Hospital Psychologist</i>
	Neuropsychology (Yr 2): Andrea Zartman University of North Texas (Clinical Health) <i>VA Staff Psychologist</i>
2006-2007 INTERNS	2006-2007 POSTDOCS

Health Psychology: Jason Purnell Ohio State University (Counseling) <i>University Professor</i>	Health Psychology:
Geropsychology: Sarah Reimer Ohio State University (Counseling) <i>STVHCS Palliative Care Postdoc</i>	Palliative Care Psychology: Ann Landes Georgia State University (Counseling) <i>VA Staff Psychologist</i>
General Psychology:	Health Psychology: Veronica Leal Ohio State University (Counseling) <i>University Professor</i>
	Neuropsychology (Yr 2): Karin McCoy University of Florida (Clinical) <i>Neuropsychologist, Medical School Faculty</i>
	Neuropsychology (Yr 1): Andrea Zartman University of North Texas (Clinical Health) <i>STVHCS Neuropsychology Postdoc (Yr 2)</i>
<b>2005-2006 INTERNS</b>	<b>2005-2006 POSTDOCS</b>
General Psychology:	Health Psychology: Anna Dematatis University of Texas (Counseling) <i>VA Staff Psychologist</i>
Geropsychology: Ann Landes Georgia State University (Counseling) <i>STVHCS Palliative Care Postdoc</i>	Palliative Care: Allegro Johnson Texas Tech University (Clinical) <i>VA Staff Psychologist</i>
Health Psychology: Ken Major Our Lady of the Lake University (Counseling) <i>VA Staff Psychologist</i>	Geropsychology: Jennifer Wood University of Mississippi (Clinical) <i>VA Staff Psychologist</i>
	Neuropsychology (Yr 1): Karin McCoy University of Florida (Clinical) <i>STVHCS Neuropsychology Postdoc (Yr 2)</i>
<b>2004-2005 INTERNS</b>	<b>2004-2005 POSTDOCS</b>
Health Psychology: Anna Dematatis University of Texas (Counseling) <i>STVHCS Health Psychology Postdoc</i>	Geropsychology: Melissa Graham Oklahoma State University (Counseling) <i>Police Psychologist</i>
General Psychology: Beneza Marquez Our Lady of the Lake University (Counseling) <i>Staff Psychologist, Private Hospital</i>	Health Psychology: Geoffrey Hutchinson University of North Texas (Clinical) <i>VA Staff Psychologist</i>
General Psychology: Heather Meggers-Wright University of Missouri (Clinical)	Palliative Care: Lisa Kearney University of Texas (Counseling)

<i>Postdoc in Health Psychology</i>	<i>VA Staff Psychologist</i>
General Psychology: Jennifer Rigsby Texas Tech University (Clinical) <i>VA Postdoc in Substance Abuse</i>	Neuropsychology (Yr 2): Sussie Mercado Texas Women's University (Counseling) <i>Neuropsychologist</i>
Geropsychology: Jennifer Wood University of Mississippi (Clinical) <i>STVHCS Geropsychology Postdoc</i>	
<b>2003-2004 INTERNS</b>	<b>2003-2004 POSTDOCS</b>
Neuropsychology: Allison Clark University of Houston (Clinical) <i>Neuropsychology Postdoc</i>	Geropsychology: Anne-Marie Kimbell Texas A&M University (Counseling) <i>Research Psychologist</i>
Geropsychology: Melissa Graham Oklahoma State University (Counseling) <i>STVHCS Geropsychology Postdoc</i>	Health Psychology: Emma Mata-Galán Our Lady of the Lake University (Counseling) <i>VA Staff Psychologist</i>
Health Psychology: Goeffrey Hutchinson University of North Texas (Clinical) <i>STVHCS Health Psychology Postdoc</i>	Palliative Care: Karen Truesdell Drexel University (Clinical) <i>Private Sector Psychologist</i>
General Psychology: Lisa Kearney University of Texas at Austin (Counseling) <i>STVHCS Palliative Care Postdoc</i>	Neuropsychology (Year 1): Sussie Mercado Texas Women's University (Counseling) <i>STVHCS Neuropsychology Postdoc</i>
General Psychology: Iris Taber University of North Texas (Clinical) <i>Forensic Psychologist</i>	
<b>2002-2003 INTERNS</b>	<b>2002-2003 POSTDOCS</b>
General Psychology: David Christoffersen Purdue University (Clinical) <i>VA Staff Psychologist</i>	Geropsychology: Trey Thompson Texas A&M University (Counseling) <i>Public Sector Psychologist</i>
Geropsychology: Anne-Marie Kimbell Texas A&M University (Counseling) <i>STVHCS Geropsychology Postdoc</i>	Health Psychology: Laura Lajos Louisiana State University (Clinical) <i>Private Sector Psychologist</i>
Health Psychology: Emma Mata-Galán Our Lady of the Lake University (Counseling) <i>STVHCS Health Psychology Postdoc</i>	Palliative Care: Ruth Leibowitz University of Kansas (Clinical) <i>Health Research Postdoc</i>
Neuropsychology:	

## ***Program History / About San Antonio***

Our internship program was initially approved by the American Psychological Association (APA) in 1980. Postdoctoral fellowship training in Geropsychology began in 1992, when our program successfully competed for funding from VA Headquarters, and was named as one of six VA medical centers to provide this training. Our first postdoctoral fellows in neuropsychology and health psychology were appointed in 1996. The postdoctoral fellowship program was accredited by the APA in 1999, making it the first VA psychology program to achieve this milestone.

### **San Antonio**

San Antonio is a rapidly growing multicultural city with a population of 1.36 million as of 2011, making it the seventh largest city in the United States. In terms of its metropolitan area, it is the 28th largest city, with a population of 2,031,445. The city retains considerable historical and picturesque charm despite its rapid growth. Its economy is driven by tourism, Military, light industry, financial services, and strong biomedical research and educational institutions.

San Antonio's rich history and cultural diversity offers many interesting sights and activities: the Alamo, historic missions, fine restaurants, museums, a zoo, and the romantic downtown River Walk and Pearl Brewery. San Antonio also has a lively music and theater scene. You can take your pick of clubs featuring blues, jazz, salsa, country, and Tejano-Conjunto music. Our beautifully renovated historic downtown theaters are home to a first-class symphony, ballet, and many national touring productions. We have the Verizon Wireless Amphitheater and the AT&T Center for nationally-touring musical acts.

Sports fans can enjoy watching the five-time NBA Champion Spurs compete in basketball, the Silver Stars professional women's basketball team, the AHL Rampage in Hockey, and the Missions in AA professional baseball. There is also the San Antonio FC, a professional soccer team owned by the Spurs with strong intentions of being the next MLS expansion team. The Alamodome plays host to NFL exhibition games, the Alamo Bowl, NCAA Playoffs, and other Texas-sized events.

SeaWorld has its flagship theme park here where huge pop stars and similarly proportioned sea mammals perform. Six Flags Fiesta Texas, a musical theme park, features the multi-cultural music of Texas, water rides, and the world's largest wooden roller coaster, the Rattler.

The weather in San Antonio is subtropical with shirt sleeve, sunny days throughout the year. The mild winters encourage year-round festivals and outdoor fun.

North of San Antonio is the scenic Texas Hill Country, an ideal getaway for swimming, fishing, skiing, canoeing, tubing, and hunting. San Antonio is only a few hours' drive from the Gulf of Mexico, with isolated sandy beaches, warm waters, and excellent fishing. Old Mexico's charm, bargains, and other attractions are also nearby.

Housing in San Antonio is plentiful and reasonably priced. Trainees can find safe, economical apartments within walking distance of the hospital. Our award-winning public and private schools are among the best in the state.



**Enjoy some Mexican food and a margarita  
on the downtown Riverwalk**



**... or pay your tributes to Davy Crockett**